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	101	rest town)  int    Syrs. +mo. 9days		Reg. Dist.	No. 96					
o, COUNTY	Cecil		MARYLAND	o. STATE			b. COUNTY	on: Residence	before adm	nissian)
RURAL and	WN (If outside corparate limi give nearest lawn) Point						limits, write R	TOX-		own)
d. NAME OF I	HOSPITAL (If not in hospital, g	ive street address)		d. STREET A	DDRESS		20116		e. IS 1	RESIDEN A FAR
NAME OF DECEASED (Type or print)	Fir	st	Middle	Los	f	4. DATE OF	Mon	mber	Day 3	Year
s. sex Male		_				9, 1	AGE (In years ost birthday) 76 yrs.	Months D	YEAR IF UN	
Ca:	of working life, even if relired received receiv			Nor	th Ca	rolina	(ער)	US.CITIZE	A P	TCOUN
13. FATHER'S NA	Nathan			Alic				<.		
1S. WAS DECEAS (Yes, no. or unknown) Yes	(If yes, give war or dates of s	ervice)			Recor	ds, VAI	Addi H, Peri		nt, M	Id.
gove rise couse (o), st lying couse	to immediate oring the under-lost.	active							1(o) 19. WA	FORME
20c. TIME OF	NT WAS UNDERLYING  UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)  INJURY Manth, Day, Yes	20b. DESCRIBE HOW IN or 20d. INJURY OCCUR While Not whil	RED 20e.	RED. (Enter noture a	f injury in Po	art I ar Part II o		(Co	YES unity)	NO (
	744 J. L.	CAREY	d that deal	M.D. V.A.	3:00p Hospi nical	M, from the	causes and city or town.  Ty Poil  Logist	d on the stote)	date stat	
23. FUNELACION	des sentero	ADDRES			24a. REC'D	Thomas BY REGISTRAR	sville 24b. REGI	Nort		col
LEE	A. PATTERSON.	Perryvill	e. Mar	vland	DAREP	8 '59	Crit	un & ta	ass.d	

funeral directar, told be filed with and campletely filled in by the fun-ban papers. Pages I and 2 should carban

2 hours

Then please any event within

death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs attending physician may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached for use as the burial-transit permit. There is the registrar prior to burial, cremation, or remayal, and in any event

TO HOSPITAL V5 A1S (4) 1SM 9/SB

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5	20	varded The Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained far yaur files	NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematia
*	U	ed	3
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	PLACE OF DEATH		1,000	4 FilmG24	2. USUAL RESIDE	NCE (Where decea	sed lived. If Institu	Reg. Dist. No ution: Residence be		ission)
1	Ce	cil		MARYLAND	O. STATE	d	b. COUNT	Cecil		
1	ond give necreal sown	outside corporate limits, write	RURAL C. LET	NGTH OF STAY IN 16	c. CITY OR TO	WN (If outside cor	porate limits, write	RURAL and give i	vearest to	wn)
-	Rising :					ra. R.D.				
		al or institution (i	Mest Mai		d STREET ADD	RESS			ON	A FARM?
3.	NAME OF DECEASED	Fin	pt	Middle	Lost	4. DATE	Mont	h Doy	١	fear
	(Type or print)	Frank		Asi	lev	DEATH	9	8	1	9 59
5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	L DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYEAR		ER 24 HRS
	M	W	WIDOWED [	DIVORCED 🔲	5-180 189	0	69 yrs.	Months Days	Houns	Min.
10a	. USUAL OCCUPATION	ON (Give kind of work of the life, even if retired)	dane 10b. KIND OI	BUSINESS OR INDUS	RY 11. BIRTHPLACE	(State or foreign		12. CITIZEN O	F WHAT	COUNTRY
1	Sign Pa		Pain	ting	NewYo	rk		U-S	A .	
13.	FATHER'S NAME				14. MOTHER'S MAI					
1	Fra	nk Ashlev			U	nknown				
		ER IN U. S. ARMED FOR		SECURITY NO. 17.	NFORMANT		Address			
1,7-	, no, or unknowing	fit yes, give wor or pases or		4-3254	Mrs. Fran	k Ashlev	Edge woo	Md.		
	18. CAUSE OF DEAT	TH [Enter only one cou	se per line for (a),	(b), and (c). ]	KIS PIAI	K Wainte A	-And Date		RVAL BETW	EEN
No	Conditions, if engage rise to immed (a), stating the scause last.  PART II. OTH	liate cause	ditions <u>Contrib</u> u	TING TO DEATH BUT I	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	/EN IN PART 1(a)	9. WAS	AUTOPSY
CERTIFICATION	20g. EXTERNAL CAU PRIMARY   gr CON CAUSE OF DEATH.	ISE WAS 20	b. DESCRIBE HOW	INJURY OCCURRED.	inter nature of injury	in Part I or Part II	of item 18.)		YES	NO 🕞
80										
		Y Month, Day, Yea	r 20d. INJURY		CE OF INJURY (Home	form, 20f. (Cit	y ar lown)	(County)		(State)
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	19	at work 🔲	Not white fact	ary, street, affice bld					
	21. I certify the	at I took charge	of the remain	Nat while fact of work of work obc	ve, held an Aucide 🔲, Hom	tapsy, 1	nspection 📆	-		find the
MEDICAL	Hour a.m. p. m.	at I took charge	of the remain	Nat while fact of work of work obc	ve, held an Au cide , Hom M,B. CHIEF MEDI	tapsy, 1 icide, U	ndetermined o	-		
	Hour a.m. p.m. 21. I certify the deoth resulted ACTUAL SIGNATURE  EXAMINER'S	from: Natural	of the remain	Nat while fact of work of work obc	ve, held an Au cide , Hom CHIEF MEDI	tapsy, 1 icide, U  CAL EXAMINER  REDICAL EXAMINE	ndetermined o	-		
MEDICAL	Hour a.m. p.m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	at I took charge	of the remain	Nat while fact of work of work obc	ve, held an Au cide , Hom  CHIEF MEDI  ASSISTANT A  DEPUTY MED	tapsy, 1 icide, U  CAL EXAMINER MEDICAL EXAMINE IICAL EXAMINER	ndetermined o	9-8-59		RGNEO

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3. NAME OF DECEASED WARY  SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED D	e admission)	Reg. Dist. No.				CERTIFIC	J	1015	
RUPA and give incerest form)    Cecliton				Where deceases		MARYLAND		cil	a COUNTY
A. NAME OF DECEASED MARY STORE BLACK DEATH September 22  S. SEX White White White Whome Store of does of service of the servic	rest fawn)	RAL and give near	prote limits, write RL	f outside corpo	}	c. LENGTH OF STAY IN 16	ils, wrile	(If autside corporate limi recrest town)	b. CITY OR TOWN RURAL and give
DECEASED (Type or print) MARY STORR BLACK OF DEATH September 22  S. SEX [Type or print] MARY STORR BLACK OF DEATH September 22  S. SEX [Type or print] MARY STORR BLACK OF DEATH September 22  S. SEX [Type or print] MARY STORR BLACK OF DEATH September 22  S. SEX [Type or print] MARY STORR BLACK OF DEATH September 22  S. SEX [Type or print] MARY STORR BLACK OF DEATH September 22  DIVORCED SIRTH September 22  S. PATHER'S NAME JOHN 16: even if retired HOME HOME WILLIAM SEPTEMBER SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wiena, Md. 12. CITIZEN OF WILLIAM SEPTEMBER SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wiena, Md. 12. CITIZEN OF WILLIAM SEPTEMBER SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wiena, Md. 12. CITIZEN OF WILLIAM SEPTEMBER SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wiena, Md. 12. CITIZEN OF WILLIAM SEPTEMBER SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wiena, Md. 12. CITIZEN OF WILLIAM SEPTEMBER SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wiena, Md. 12. CITIZEN OF WILLIAM SEPTEMBER SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wiena, Md. 12. CITIZEN OF WILLIAM SEPTEMBER SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) Wiena, Md. 12. CITIZEN OF WILLIAM SEPTEMBER SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) William September 12. SEPTEMBER SEPTEMBE	ON A FARM?				d. STREET ADDRESS	oddress)	give street (	TAL (If not in hospitol, g	d. NAME OF HOSP OR INSTITUTION
Testale White WIDOWED DIVORCED JANUARY, 14, 1873 86 yr. Months Doys His Object bind of work done of works done of working life, even if retired Housewife Home 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WIDOWS WIFE NAME JOHN H. STOTT  S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Lydia E. Hodson  18. CAUSE OF DEATH [Enter only one couse per line for Jo], (b), and (c).]  PART I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which gave rise to immediate couse (c), stating the under lying couse lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 119. YE OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COURRED HOW INJURY OCCURRED HOW INJURY OCCURRED FOR CONTRIBUTING COURSE OF DEATH While Not while of work of wo				OF			n1		DECEASED
Housewife  John H. Storr  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  If you, give wor or done of worder)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoffing the under couse log. Isolated the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. YE  20a. ACCIDENT WAS UNDERLYING DECENTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. YE  OR CONTRIBUTING CAUSE OF DEATH  YE THE REPORT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. YE  OR CONTRIBUTING CAUSE OF DEATH  YE THE REPORT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. YE  OR CONTRIBUTING CAUSE OF DEATH  YE THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. YE  OR CONTRIBUTING CAUSE OF DEATH  YE THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. YE  OR CONTRIBUTING CAUSE OF DEATH  HOW C. T  YE TO THE OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of	Hours Min.		86 yrs.		January, 14,	ED DIVORCED	WIDOWE	White	Female
I. S. DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. CAUSE OF DEATH   Enter only one couse per line far (p), (b), and (c).	WHAT COUNT		ountry)		- M		1 .	ON (Give kind of work of king life, even if retired	during most of wo Housewife
The continuence   The part II. Death was caused by:   Part I. Death was caused by:   It can be a couse of dote of service   None   Miss, Margaret H. Black, Cecilton, Mc     It can be a couse of Death   Enter only one couse per line for [c]. (b). and (c).     Part I. Death was caused by:   It can be a couse of dote of service   Chockey this with Chocket the couse of out of the part II. Other significant conditions   Contributing to Death but not related to the terminal disease condition given in Part II.     Part II. Other significant conditions   Contributing to Death but not related to the terminal disease condition given in Part II.     Part II. Other significant conditions   Contributing to Death but not related to the terminal disease condition given in Part II.     Part II. Other significant conditions   Contributing to Death but not related to the terminal disease condition given in Part II.					Lydia E. H				John H.St
18. CAUSE OF DEATH [Enter only one couse per line far Jo], (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. YE TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED How INJURY (Home, form, 20f. (City or town) foctory, street, affice bldg., etc.)  21. I certify that I attended the deceased fram 19. And that death occurred at 3.35 PM, fram the causes and an the date standing of the course of the causes and an the date standing of the cause and an the cause and an the date standing of the cause and an	Md.			H.Blac			service)		
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While of work of wor	10. yiu	cians				CONTRIBUTING TO DEATH BUT	:)	the <u>under</u> DUE TO	gave rise to couse (a), stating lying cause last
21. I certify that I attended the deceased fram. 1949, to 1647 22, 1959, that I last saw alive on 1959, and that death occurred at 3.35 PM, from the causes and an the date s	PERFORMED?	N IN PART I(a) 19	E CONDITION GIVE	WITH DISERS	I NOT KELATED TO THE TERM				(
alive on	PERFORMED?	N IN PART I (0) 15				CRIBE HOW INJURY OCCURRE	20b. DESC	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	
SIGNATURE allow R. Cruelley M.D. MIDDLETONK, DEL 9-	PERFORMED?		t () of ilem 18.)	n Port I ar Port	ED. (Enler nolure of injury in	NJURY OCCURRED 20e. Pl	ar 20d. IN		
PHYSICIAN'S ALLAN R. CRUCHLEY  20. BURIAL, CREMATION.  22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  Urrendyal (Specify)  September 24, 1959 Cecilton, Cemetery  Cecilton, Cecil Co.	YES NO (Stote	(County) that I last said on the date	or town)  1 (1) of (lem 18.)  or town)  1 (1) or town, street, city or town, s	rm. 20f. (City Period) PM, from ADDRESS (St	LACE OF INJURY (Home, for actory, street, affice bldg., et a., 1944, ta., to occurred at 3.35	NJURY OCCURRED 20e. PI fo	ar 20d. IN While of work	RY Month, Day, Yeo	20c. TIME OF INJU Hour a. r. p. m. 21. I certify t alive on

may be retained by the hospital or attending physician.

D FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon lapers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours offer de th. TO HOSPITAL OR TO FUNERAL VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10156 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Cecil	MAR	YLAND	2. USUAL RESIDEN o. STATE	CE (Where decease  Maryland	b. COUNTY			ision)
	(If outside corporate limits, wr	ile c. LENGTH OF STA	Y IN 1b			porote limits, write			m)
Perry Po		3mos.7da	YS		Ches	tertown	143	7. 2	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st	reet oddress)		d. STREET ADDI				e. IS RE	SIDENCE A FARM?
Veterans	Administrat	lon Hospita	1	111	College	Avenue			NO TO
3. NAME OF DECEASED (Type or print)	First William	Middle E.		Brown	4. DATE OF DEAT		aber 25	Day	Yeor 19 <b>59</b>
S. SEX	6. COLOR OR RACE 7.	ARRIED NEVER MARR	RIED 8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)			
Male	White win	OWED DIVORC	ED 🔲	July 15.	1915	La yrs		ays Hours	Min.
Iog. USUAL OCCUPATI	ON (Give kind of work done	10b. KIND OF BUSINESS				country)	12. CITIZEI	N OF WHAT	COUNTRY
Fre1ght	rking life, even if retired)	Railread		Ma	ryland		US	A	
3. FATHER'S NAME	VIII COLOR			14. MOTHER'S MA					
Hen	ry O. Brown			Lydia	Elliott				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	o. INI	ORMANT		Ade	dress		
(Yes, no, or unknown)	(If yes, give wor or dotes of service)	216-07-57					rry Po		
Conditions, if a gave rise to couse (a), stoting lying couse lost.  PART II. OT	the under-	e both lung	gs.					(o) 19. WAS	AUTOPSY ORMED?
	- 100					. 0 . 7 % . 10 %		YES	] NO [
OR CONTRIBUTING	AS UNDERLYING [ 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of inj	ury in Part I or P	orl II of item 18.)			
ZOc. TIME OF INJU Hour o.m. p. m.	W	od. INJURY OCCURRED Thile Not while work of work		CE OF INJURY (Homory, street, office blo		ity or town)	(Cou	inty)	(Stote
21. I certify to DESCOURCE ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Helar	eased from June	18. It death o	occurred at 3	20EM from	ner 251959 n the causes an (Street, city or town Perry Po	nd an the o	date state DA	d above TE SIGNE
220. BURIAL, CREMATION OF MOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEA		CREMATORY		ATION (City, lown, lesterter	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Sto	
23. FUNERAL DIRECTO	E'S SIGNATURE	ADDRES	00		. REC'D BY REGI		ISTRAR'S SIGN	ATURE	17.1
WELLS FIN	ERAT. HOME	Chartert	owno M	B DA	TE SEP 28	'59 C	Irthur & ;	Krane	

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Va Auryitell, James Polis, Jt. 9-25-53

Dan toll , margarette

Deloi

	101:	57	CERTIFICA	IE OF DEA	IH		Reg. D	ist. No	. 96	
D. COUNTY	CECIL		MARYLAND	2. USUAL RESIDENCE ( O. STATE PENNSYL	Where deceased liv	h COUNTY	on: Reside		re admiss	ion)
B. CITY OR TOWN RURAL and give	(If outside corporate limits, nearest tawn)		23 days	c. CITY OR TOWN (		limits, write R	URAL and	eri.	arest lowr	1)
d. NAME OF HOSP OF INSTITUTION	ITAL (If not in hospital, give dministration	street ad	pital	d. STREET ADDRESS 917 Baker	Street					FARM?
NAME OF DECEASED (Type or print)	First WILL	MA	Middle	CAPLE	4. DATE OF DEATH	Septer		7,	,	Year 19 <b>59</b>
Kale	Manna	MARRIE		gust 31, 1	894	AGE (In years ast birthday)	IF UNDE Months	R 1 YEAR Doys	Hours	ER 24 HR
Og. USUAL OCCUPATI during most of wo	ON (Give kind of work do rking life, even if retired)		ND OF BUSINESS OR INDUST	North Ca		ry)		USA	FWHATC	OUNTRY
3. FATHER'S NAME	Unknown			14. MOTHER'S MAIDEN						
15. WAS DECEASED EV (Yes, no or unknown)	ER IN U. S. ARMED FORCE	5? 16. SC		FORMANT Pital Record	ds, VA Ho	Add spital.		y Po	int,	Md.
Conditions, if gove rise to couse (a), stating lying cause lost  PART II. OT	immediate DUE TO	TIONS CO	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	RMINAL DISEASE CO	ONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPS)
PART II. OT	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCR	BE HOW INJURY OCCURRED	(Enter noture of injury	in Port I or Port II	of item 1B.}			100	, ,,,,
20c. TIME OF INJU	RY Month, Doy, Year	20d. INJI While at wark	Not while foct	CE OF INJURY (Home, for ory, street, office bldg.,		town)		(County)		(State
21. I certify to the state of t	B. S.	LINN	fram August 15,	occurred at 7:28	ADDRESS (Street pital, P Physicia 22d. LOCATION	causes an city or lown, erry P	oint	, Md .	stated DAT 9-	d abavi re signe -8-5
23. FUNERAL DIRECTO	ATITUTE SON	in	Appress Maryda		EC'D BY REGISTRAF	24b. REGI		IGNATU		

TO HOSPITAL CATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs for death. Page 4 may be retor by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hour after death. after death.

VS A15 (4) 15M 9/5B

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or removal.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	10150								Reg	Dist. N	0.	
1. PLACE OF DEATH	70799			2.	USUAL RES	IDENCE (V	Vhere decea	sed lived. If Inst	litution: Re	esidence be	fore odm	ission)
a. COUNTY	<b>1</b> 1		MARYL	AND	o. STATE	Marv	land	b. COU		ed 7		
	outside carporate limits, writ	e RURAL	c. LENGTH OF STAY IN	d 16	c. CITY OR			porote limits, wr			nearest to	(nwc
Rigino	Sun		10 areas	1	Ris	ing S	un					
d. NAME OF HOSPIT	AL OF INSTITUTION	If not in ho	spital, give street address)		.d. STREET	ADDRESS					e. IS R	A FARM?
Cherr	UT					Cherr	T.P					NO 🔲
3. NAME OF DECEASED	Fir	si	Middle		Los		4. DATE	Мо	nth	Day	1	Year
(Type or print)	James		Henry		Cathe	100	OF DEATH	0	b	7	8 1	19 50
5. SEX		7. MARRI	ED NEVER MARRIED		TE OF BIRTH			9. AGE (In years	IFUN	DER TYEAR		ER 24 HRS.
W	w	WIDOWE		_	-6- 1			82 yr	Month	15 Days	Heurs	Min.
On USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	DUSTRY			or foreign (			CITIZEN C	F WHAT	COUNTRY
Retired	-		Farming		Cor	42 0	- MA			US	. A	
13. FATHER'S NAME	111111111111111111111111111111111111111		T. STITLES	14.	MOTHER'S	MAIDEN N	O. Md.	•			20.2	
Hanny	Cather				Marri	the M	iller					
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFOR		VILLE ML	11191	Addre	195			
[Yes, no, ar unknown]	(If yet, give war or dates of	service	L. Mich	Man	Cat1		7h	- C4 D4	-3	0	203	
18. CAUSE OF DEA	TH [Enter only one cau	se per line	for (a), (b), and (c), ]	HAL	y_Cati	er,	querra	- SP - 152	sing	Sun	PVAL BETW	FEN
	TH WAS CAUSED BY									ONS	ET AND DE	ATH
4201	DUE TO		Acute Coror	DATE!								
Conditions, if o												
gove rise to immed												
(o), stoting the s	onderlying   Gc											
Z PART II. OTH			ONTRIBUTING TO DEATH	SUT NOT R	RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN I	PART I(a)	O WAS	ALIZOPSY
2		_						e contoni giri ç	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFC	DRMED?
200. EXTERNAL CAL	ISE WAS 120	h nescein	E HOW INJURY OCCURR	EO /Enten	anhum of in	luncia Bast	A so Post H	-7 h - 10 h			YES []	ИО-
PART II. OTH	NTRIBUTING 🗆	o. oescrio	C HOW INDON'T OCCURR	CO. (Ciner	noture or in	losk in Lou	I er rom u	or (1em 15.)				
	RY Month, Day, Yea	or 20d.	INJURY OCCURRED 20e.	PLACE O	E INJUDRY 4	dome form	, i 20f. (City	a de Anum'i		(County)		(State)
Hour o.m.		White	e Not while	factory, s	treet, office	bidg., etc.	201. (Cit)	y or lowing		(Coonty)		(signe)
	19		ork of work		1 1 4							
		_	remains described				_	nspection 💂			ond	find tho
deoth resulted	from: Notural	couses L	Accident [],	Suicide	. □, H	omicide	<u>□</u> , υ	ndetermined	cause	□.		
ACTUAL /	VIM	RII	A 1000								DATE	SIGNED
SIGNATURE	COIL	666	1000	M.0	D. CHIEF M	EDICAL EX	AMINER				DAIE 3	HOTEL
EXAMINER'S					ASSISTA	NT MEDICA	AL EXAMINE	R 🔲				
NAME (Type)	R.C.Dodson				DEPUTY	MEDICAL E	EXAMINER	2	9-20	س59_		
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREC	F	22c. NAME OF CEMETER	Y OR CREA	WATORY		22d. LOCA	TION (City, town	, or count	γ)	(Stote	e)
Burial	9-21-59		Hopewell	Cem-			Pox	Denog	it.	14.		
23. FUNERAL DIRECTOR	SSIGNATURE	n 11	ADDRESS ,		7 1	24a. REC'0	BY REGIST		SISTICAR'S	SIGNATU	RE	
amon	6,111-11	bull.	y rusing	MM, 1	12A.	DATE SE	P 2 2 19	59 6	7_27 _	0 20		



ofter death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10145

10133 Reg. Dist. No.

**CERTIFICATE OF DEATH** 

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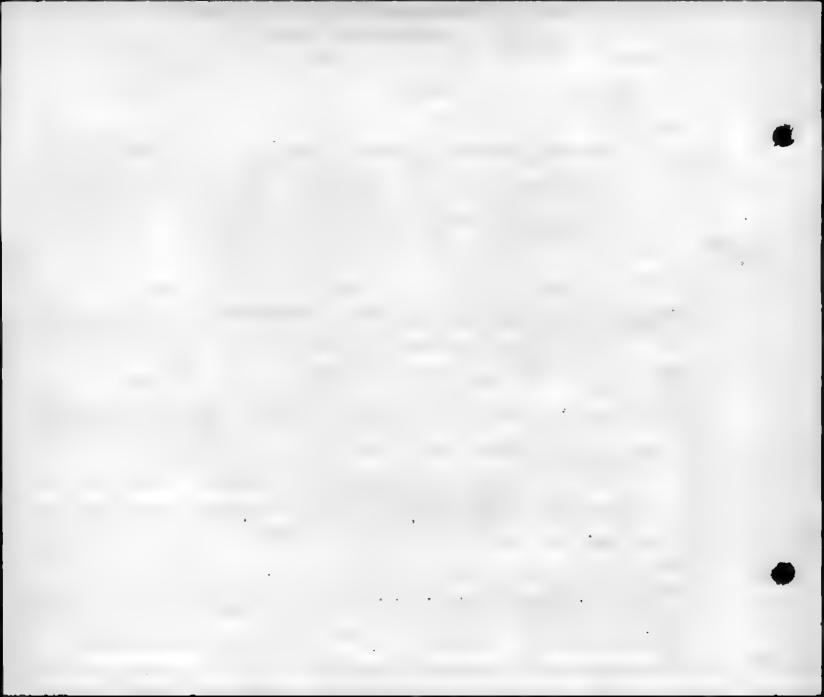
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b. CITY OR TOWN (If outside corporate limits, write RURAL and of RURAL	give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Vanory Hospital 113 Louth Street	e. IS RESIDENCE ON A FARM? YES NO DY	
3. NAME OF DECEASED (Type or print) ANNA MARY EDER DEATH SOFT	Day Year 2 / 19 5 9	
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In years lift UNDER Months   10st birthday)   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In years lift UNDER Months   10st birthday)   6. COLOR OR RACE   7. MARRIED   10st birthday)   7. Months   10st birthday   10st bi	TYEAR IF UNDER 24 HRS. Days Hours Min.	
HOUSE WIFE AT HOME MARY LAND	SA,	
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  ELIZABETH MA	RCUS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (19 yea, give wor or dates of service)  NONE  NONE  ROY FOER  ELX	TON Md	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic coronexy artery disease	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
Conditions, if ony, which (b) Coronary thrombosis  gove rise to immediate DUE TO	36 hours	
lying couse last. (c)	I I(o) 19. WAS AUTOPSY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	PERFORMED? YES NO X	
(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (C	County) (Stole)	
21. I certify that I attended the deceased fram Sept. 8 , 1959, to Sept. 21 , 1959 that I		
alive an Sept. 21 19 59, and that death accurred at 1:158 M, from the causes and an the ADDRESS (Street, city or town, stote)	ast saw the deceased ne date stated above. DATE SIGNED	
SIGNATURE SIGNATURE M.D. 23% E. Main Street	9/23/59	
PHYSICIAN'S S. Ralph Andrews, Jr., M.D. Elkton, Mar, lar		
BUNNAL Stot 23/959 ELKTON CEMETERY ELKTON	Md (Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE PIPPIN FUNERAC HOME Souls The Date SEP 25'59  24b. REGISTRAR'S SIGNATURE DATE SEP 25'59  24c. REGISTRAR'S SIGNATURE PIPPIN FUNERAC HOME Souls The Date SEP 25'59	France Comme	

may be retained by the haspital or altending physician.

TO FUNERAL by CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit memit. Then please remaye garbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hays after death.

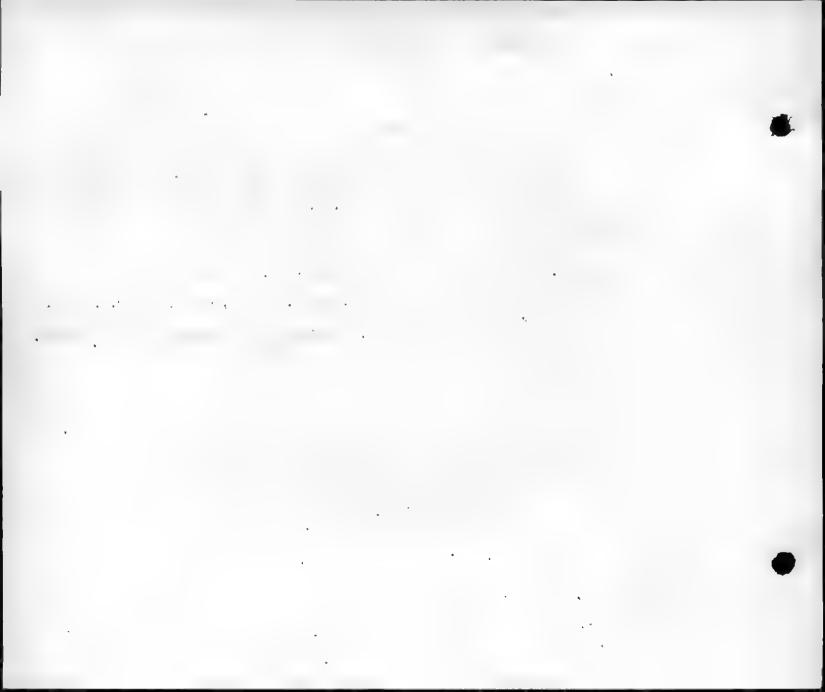
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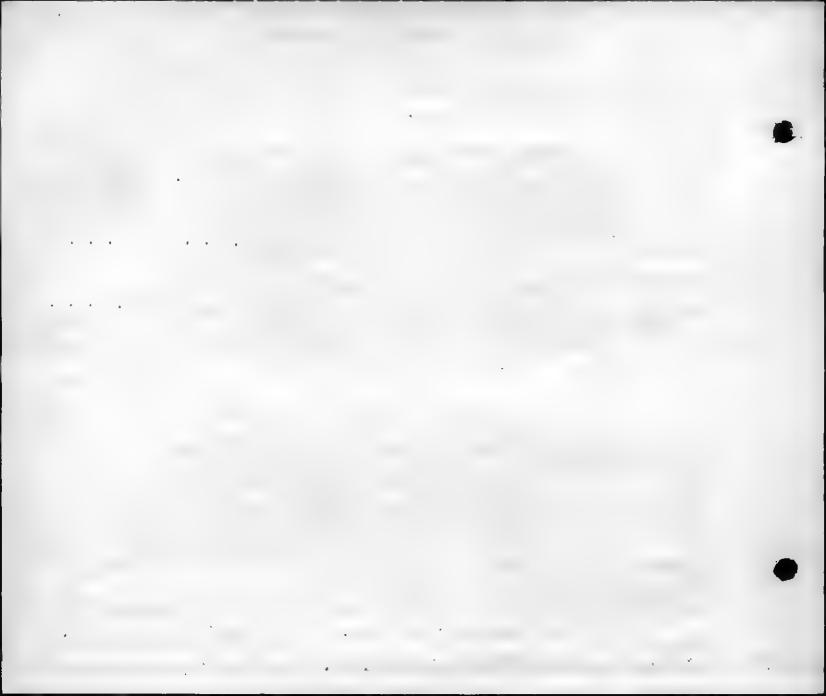
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74 100	ve Pages 1	Page 5 m	File pages	/
1000	em 18. Gi	form PM3.	it permit.	
	sencil in th	lang with	uriol-trans	
	ting the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct	Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.	Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation	
100 000 100	ward "pen	Examiner	should be u	
an in the last	ling the	Medica	Page 3	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY c. STATE Cecil MARYLAND b. CRY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Elkton, R.D. "2 10 yrs Elkton, Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3. NAME OF First Middle Last 4. DATE -DECEASED (Type or print) DEATH 9 H Flemming Margarett 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours leaf birthday WIDOWED DIVORCED [7] YES. Too. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Austria Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Hauberdratz no information 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 36. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (a) U. 5 O. 1 **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILD 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part (I of item 18.) PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Haur While Nat while a.m. at work p. m. at work 21. I certify that I taak charge of the remains described above, held an Autopsy []. death resulted from: Natural causes . Accident . Suicide . **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** R.C.Dodson DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Immaculate Conception Nr. Elkton, 9-11-59 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR VS. A15ME(5) Elkton, 5M 9/55

10135

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY Cecil c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NOTE Month Day Year 1959 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? UaS A. Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES 🖂 NO 🙀 (County) (State) Inspection T, Inquiry T, and find that Hamicide . Undetermined cause . DATE SIGNED 22d. LOCATION (City, town, or county) 24b. REGISTRAR'S SIGNATURE





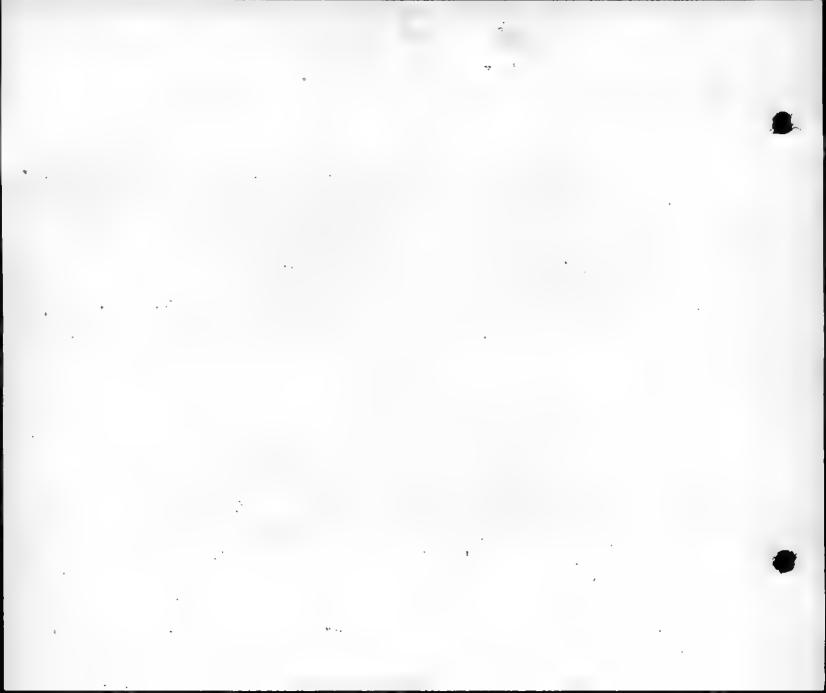
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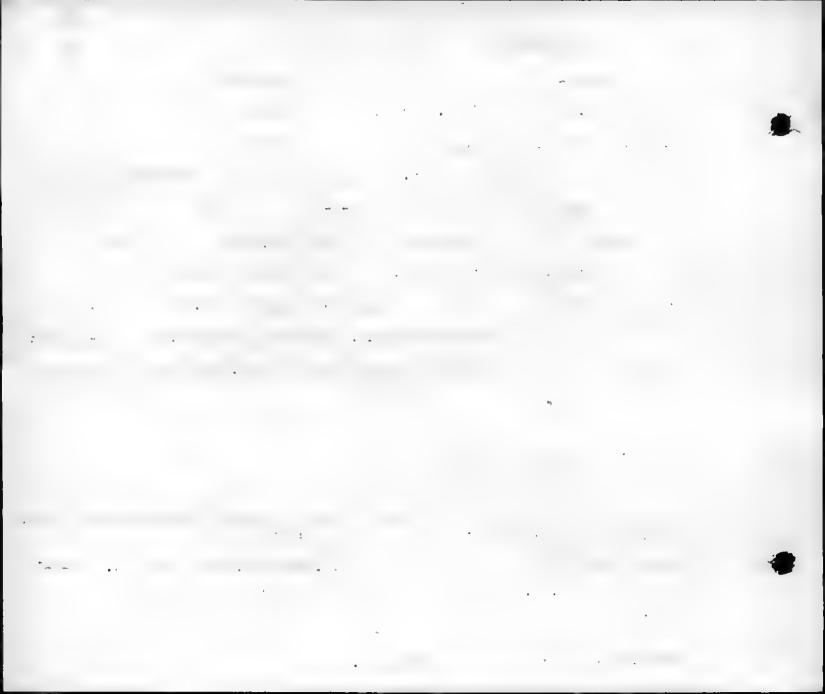
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TO HOSPITAL OPATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs card death.	TO FUNERAL DIRECTOR: After this certificate has been standed by the ottending physician and completely filled in by the funeral d	page 3 should be detached for use as the burial-transit permit. Then please remove agrhon papers. Pages 1 and 2 should be file		
VS .	A15	(4)		
15/	1 9/5	id.		

	1	MARYLAND	STATE DEPARTA	MENT OF H	EALTH-	-BALTIM	ORE, 1	8	10	139	7
		10163	CERTIFIC	ATE OF	DEATH			Reg. Di		To:	7
	1. PLACE OF DEATH o. COUNTY			2 USUAL RESI	DENCE (When	re deceased lived		n Residen	ce befo	re admiss	ion)
	CECIT.		MARYLAND	o. STATE	MARYLA		b. COUNTY	Phim	6RE		10
	b. CITY OR TOWN (If outside co	rporote limits, write	c. LENGTH OF STAY IN 16	c CITY OR	TOWN (IF out	tside corporate li	mils, write RU	RAL ond	give ned	rest fown	1)
	Perryvi Lie		10 Pays	BA	TIMORE				1		
p.	d. NAME OF HOSPITAL (IF not in OF INSTITUTION PERTY	n hospital, give street Point	address}	546		Street			Ì		FARM?
	3. NAME OF DECEASED	First	Middle	Los	st t	4. DATE	Monti	h	Da	у	Yeor
	(Type or print)	JOHN		10mmSOM		OF DEATH	Septem1	oer	4	1	19 59
	5. SEX 6. COLOR	OR RACE 7. MAR	RIED 🗌 NEVER MARRIED 🗖	B DATE OF BIRT	Н	9. AC		IF UNDER			
	Male Negr			7/5/00		1 -	birthdoy) yrs.	Months	Days	Hours	Min.
	10a. USUAL OCCUPATION (Give kill during most of working life, evi Truck Heliper	nd of work done 10b	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPI	LACE (Stole or	r foreign country	)	12. CITI	ZEN OF	WHATC	OUNTRY
	Truck Helper			Balt	imore,	Maryla	nd	1	USA		
	13. FATHER'S NAME	-		14. MOTHER'S	MAIDEN NA	ME					
	Ed Johnson			Rac	hel (	Unknown	)				
	15 WAS DECEASED EVER IN U. S. A (Yes, no, or unknown)   (35 yes, give wo	ARMED FORCES? 16 or or dates of service)		INFORMANT			Addre				
	Yes WW	or or dates of service)	13-16-5045	Hospital	Record	s, VA Ho	spita]	, Per	ry l	oint	, Md
	18. CAUSE OF DEATH [Enter PART I, DEATH WAS CAUSED AND CONTROL OF THE PART I.	ALISED BY.	ine for (a), (b), and (c).] RONCHIAL PNEUM	ONIA					ONS	RYAL BE ET AND LKNON	DEATH
	491X	DUE TO									
1	Conditions, if any, which	) (b)									
	gave rise to immediate cause (a), sloting the under-	DUE TO									
	lying couse last.	) (c)									
1	PART II. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERMIN	IAL DISEASE CON	IDITION GIVE	N IN PAR	[ 1(o) ]	PERFO	ALTOPSY IRMED?
	200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CI CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	SCRIBE HOW INJURY OCCURR	RED (Enter nature o	of injury in Po	ort I or Port II of	item 18.)		•		
	20c. TIME OF INJURY Month, Hour o.m.	While		PLACE OF INJURY ( octory, street, office	(Home, form; e bldg., etc.)	20f. (City or to	wn)	{(	County)		(State
	21. I certify that otte	nded the decea	sed from August 2	26. 19.59	to Sep	tember 4	10591	****	003	0.10.0	
							-				
			The same and according	iii occorred de		DDRESS (Street, o			dare		E SIGNE
	ACTUAL SIGNATURE	Deron	an of	MD VA Ho	spital	Perry 1	bint.	Md.		9-5-	59
1	PHYSICIAN'S JOSEE	н м. ноор	ER, M.D.						-		
	220. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	ATE THEREOF	Baltimore N		2	2d. LOCATION Baltimo			nd.	(Stote	e)
	23. FUNERAL DIRECTOR'S SIGNATU	( KLOVY	ADDRESS 348 N. Calhoun	St.	240. REC'D	BY REGISTERS	24b. REGIS			E.A.	
П	KELSON FUNERAL	HOME.	Baltimore	, HO,	J. Paris						



VS A15 (4)

15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE

10140

e. IS RESIDENCE

FUNDER TYEAR IF UNDER 24 HR

12, CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO I

> > (Stole)

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(County)

ON A FARM?

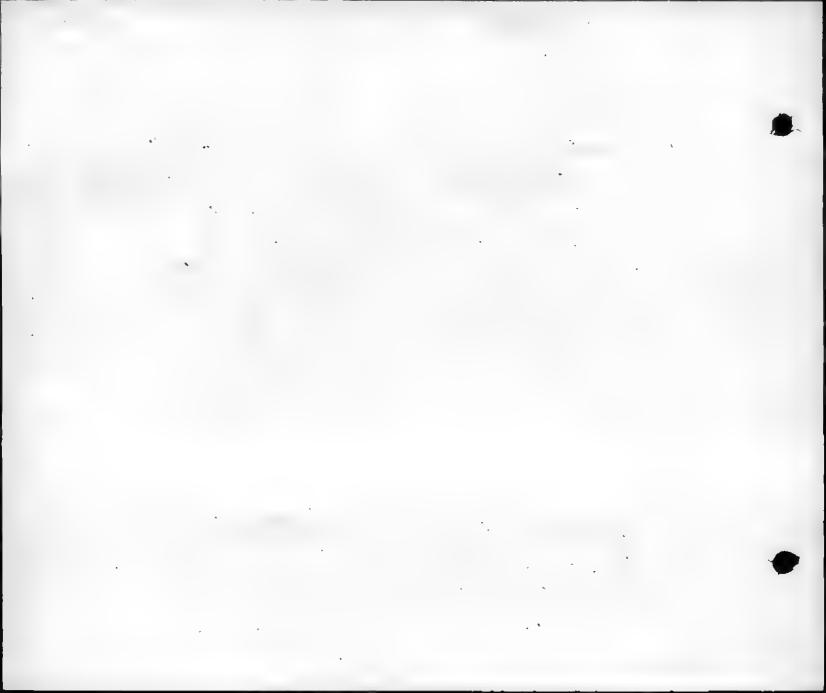
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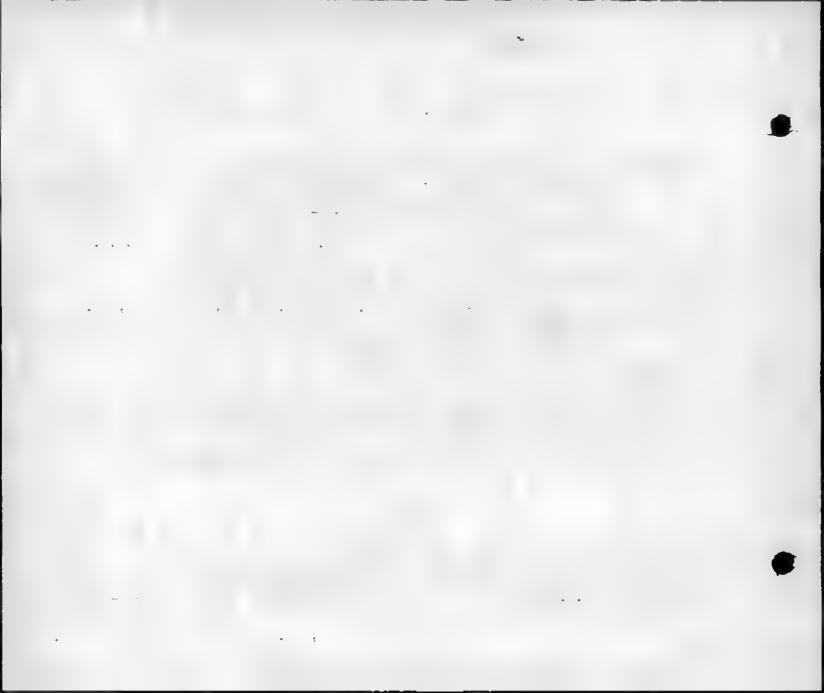
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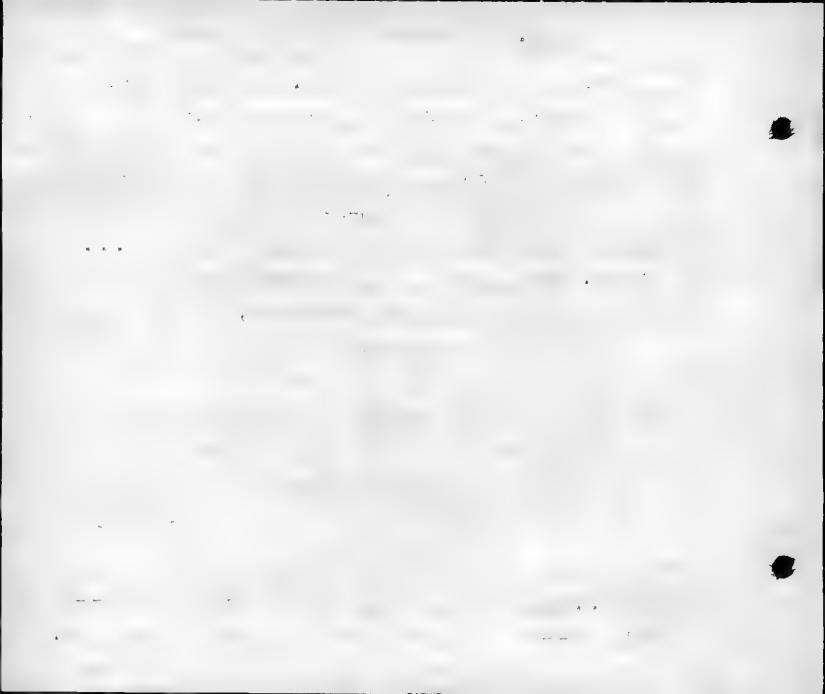
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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rion de	A .				101	DICA	L EXAMINI	ER'S	CERTIF	ICATE	OF	DEATH	Reg. D	lst. No	•	
Page 4 should to burial, cremation		Ī	. P	ACE OF DEATH				1	2. USUAL RESID	DENCE (Wh	era decear	ed lived. If Institu	tion: Resid	ence bef	ore admi	wion)
_			0	COUNTY	cil		MARK	UNIT	a. STATE	d _		b. COUNT	Cec	13		
rage t			b.		outside corporate limits, writ	RURAL	c. LENGTH OF STAY I	IN 16			utside corp	porate limits, write			earest (a	vn)
D. D.					East Rura	T	all life		Nord	th Eas	et. R	ureal				
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egis			Ų	ype or print)	Andrew		Jackson	Loc	kard		DEATH	9		28	11	9 59
Pe -			5. SI	X	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	<b>5</b> 8.	DATE OF BIRTH			9. AGE (In years lest birthday)	Months	Doys	Heurs	ER 24 HRS. Min.
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€ ×	1		13.	FATHER'S NAME					14. MOTHER'S M	AAIDEN NA	ME					
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Poge File po				no, or unknown)	ER IN U. S. ARMED FO (If yes, give war or dates of	service]	SOCIAL SECURITY NO.	17. IN	FORMANT			Address		C	17	
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55			CERTIFICATION	200. EXTERNAL CAL	JSE WAS _ 2	b. DESCRIB	E HOW INJURY OCCUR	RED. (En	ter nature of inju	ry in Part 1	or Part 11	of item 18.)				
Ď P				PRIMARY I or CON CAUSE OF DEATH.	NTRIBUTING				·							
should			3	20c. TIME OF INJUI	RY Month, Day, Ye	or 20d.	INJURY OCCURRED 20		E OF INJURY (Ho		20f. (City	or town)	(Co	unty)		(State)
50			MEDICAL	Hour o.m.	19	White of we	e Not while	tacta	y, street, office b	sigg., etc.]						
oge					at I took charge	of the	remains described	abov	e, heid an A	Autopsy	П. h	nspection .	Inqui	ry 🔼	and	and that
 					Toro: Natural	-					_	ndetermined o				
ECTO			-		1) 1/2	107	11	300					_	1		
DIRE				ACTUAL	YKKI	170	KING	V	M.D. CHIEF ME	DICAL EXA	MINER 🔲				DATE S	IGNED
									ASSISTAN'	T MEDICAL	EXAMINE	R 🔲				
FUNERAL or removed				EXAMINER'S NAME (Type)	R.C.Dodson				DEPUTY M	AEDICAL EX	AMINER [	<u> </u>		10-	5-59	
		7	22a.	BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREC		22c. NAME OF CEMETE	RY OR C	REMATORY	2	2d. LOCA	TION (City, town,	or county)		(State	*)
٥ د		L		Burial	10-6-59		North East	Сел	eterv				lecil.		Ma	
ME(5)	Í	2	23. [	UNERAL DIRECTOR	'S SIGNATURE	24	ADDRESS	-	2	24a. REC'D	-		STRAR'S SIG	GNATUR	E	
9/55			_(	Joseph K	french	1100	uli Create	<u>, n</u>	ra	DATE	1 7	'59 C	within ,	8 1t.	ш	



# the registrar within 72 hours after death. After this in by the funeral director, the third copy of this Vifficate TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the standing physician and complainty filled seath certificate assembly slouid by described for use as a burial fransit permit. The bottom copy may be retained by the hospital or attending physician.

A15C 1-55 10M-

S

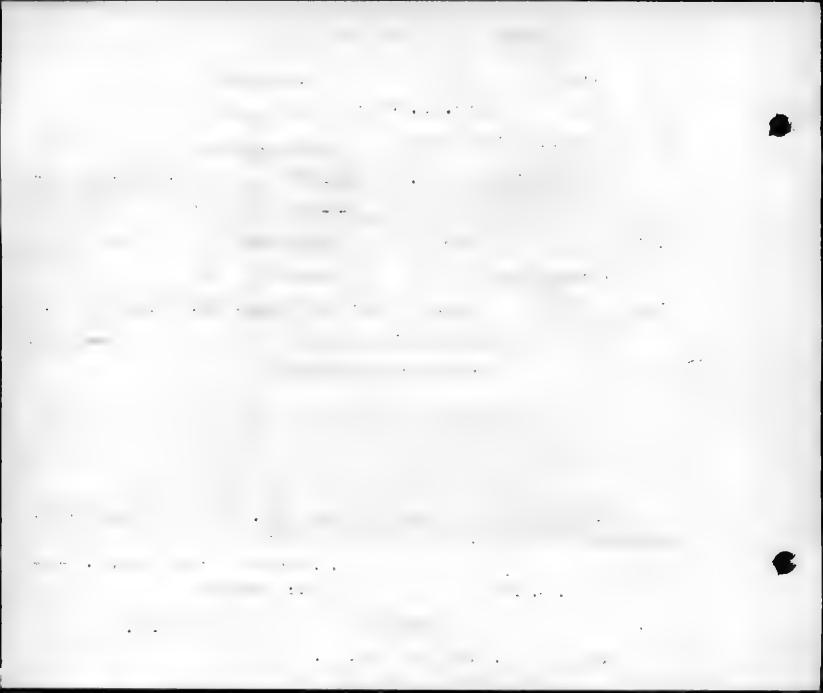
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

43 101

#### CERTIFICATE OF DEATH 10149

				IK.	eg. Dist.	. 140	
1. PLACE OF DEATH		2. USUAL R	ESIDENC	E (HOME) OF D	ECEASED		
county Cecil Man		एन	d.		~	c11	
man	OF STAY	91/116		COUNTY	- ,		
OR and give sparest lown) (in t	his blace)	O R		iémils, write RURAL e	ind give neer	est town)	
TOWN Elkton 4	3 yrs.	2/TOWN	Elk	cton			
HOSPITAL OR INSTITUTION OR		STREET ADDRESS		(If rurel gi	ve location)		
STREET ADDRESS 213 F. Figh Strent	;	ADDRESS	213	E. Figh	Stre	61t	
3. NAME OF (First) (Middle)		(Last)		4. DATE (Mo	nthl	(Dey)	(Year)
(Type or Print) James Edvor	M.	ilburn		OF	_ ′		
O dillor				DEATH		24	1959
RACE WIDOWED, DIVORCED,	8. DATE OF		9.	AGE lest birthdey	Months I		IF UNDER 24 HRS.
Male Col. Specify Marrie	ed  Aug.:	10,1871		88 yrs.	MONINS	Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	NESS 1	11. BIRTHPLACE (Sta	ile or loreign	country]	12.	CITIZEN	OF WHAT
done during most of working life, even if OR INDUSTRY retired) Janitor		Mama	land			COUNT	TRY?
13. FATHER'S NAME		I 14. MOTHER'S		ME			
John W. Milburn				_			
				. Evans			
(Yes, no, or unk.) If Yes, give war or dates of service)	SECURITY NO.		MANT & ADD				
nc	ne	מי מי	Till	r1-213	. 1	12	t.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CERT	TIFICATION					VAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 0					ONSI	ET AND DEATH
- IMMEDIATE CAUSE (A)	chal	acce	day	f-		5	day
ANTECEDENT CAUSE(S) DUE TO	7						0
DISEASES OR CONDITIONS, IF ANY, (B)	glillinge	er.		<u>.</u>		10	40
STATING UNDERLYING CAUSE LAST. DUE TO							
(C) (Six	hac G					10	you.
12 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING DEATH.							
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	TION						AUTOPSY?
21. ACCIDENT WAS UNDERLYING IT ON BLACK OF						YES	NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fe OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg.	elory, 21	ic. WHERE DID INJU	RY OCCUR?	(City or lown)	(Count	y)	(Stele)
[IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY (	55112050						
White (-)	Not while	III. HOW DID INJUR	RY OCCUR?				
M. al work	et work						
22. I hereby certify that I attended the deceased from	Cannon !	S, 19 5.7 to	1210	124,1959	that I	last saw	the deceased
alive on Sant 13 1959 and that de-				ses and on the	data statas	1	
#IGNATURE (		-	ADDRE	事器 (Street, city, tow	n, slete)		ATE SIGNED
Jernes L. Jolic	M.D.	2455	C. 140	Pl. St	SMI.	11	9/2/10
20. BURIAL, CREMATION DATE THEREOF NAME	OF CEMETERY OR C	CREMATORY		OCATION (City, tow	D. or county	cery	1/3/37
T) and all all					.,		(21918) 41
Purial 9/26/59  24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	Provide	nce Com		EKTON		, 5116	6
		25. FUNERAL DIR	(1)	13		ADDRESS	21.1
DATE SEP 2 8 '59 Collan & Fance		Vinter:	the 15	7,360 9	9 P	1. 7.5	r t.





VS. A15ME(5) SM 9/55

	MARYL	AND S	STATE DEPARTME	NT OF HEA	LTH-BA	LTIMORE,	18	101	45
	1016	DICA	L EXAMINER'S	CERTIFIC	ATE OF	DEATH	Reg. Dist.	No. 9	6
1. PLACE OF DEATH a. COUNTY	cil		MARYLAND	2. USUAL RESIDENCE OF STATE MAIN		ed lived. If Institu		-	nission)
	If outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 16 26 Hours		N (If outside cor	porote limits, write	RURAL and gi	ve negresi to	own)
d. NAME OF HOSPI			pital, give street address)	/d. STREET ADDRES	Rural)			0.0	RES DENCE
3. NAME OF DECEASED (Type or print)	Fin Jan		Middle J.	NICELY Lost	4. DATE OF DEATH	Month 9-	_	2-	Year 159
5. SEX MALE	6. COLOR OR RACE	7. MARRIE		6-2-96		9, AGE (In years lest brithday) 63 yrs.	Months Day		Min.
10a. USUAL OCCUPATI during most of worki Cement Fi	ng life, even if relired)	done 10b. 1	Unknwon	ry 11. BIRTHPLACE (S Virgin		ountry)	12. CITIZEN	OF WHAT	COUNTR
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDE Unknow					
15. WAS DECEASED EN	/ER IN U. S. ARMED FO IT yet, give war or dates of WW1	service!	social security no. 17. In 24 01 3611	HOSPITAL	RECORI	Address S, VAH,	PERRY	POINT	r, MD
	ATH (Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (c)		for (a), (b), and (c).]				-	DISET AND DE LET LET LET LET LET LET LET LET LET LE	veen Lours
Conditions, If a gove rise to Imme (a), stating the couse last.	diote couse						1		
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(	o) 19, WAS PERFO	AUTOPSY ORMED?
	USE WAS 20	6. DESCRIBE	HOW INJURY OCCURRED. (Ed	nter nature of injury in	Part 1 or Part 11	of item 18.)			
ZOC. TIME OF INJU	IRY Month, Day, Yes	While	1 /	E OF INJURY (Home, ry, street, affice bldg.,		ar town)	{County	)	(State)
			remains described above.  7. Accident		and the second of	nspection <b>1</b> , ndetermined c	Inquiry) ause [].	, and	find the
ACTUAL	lla	10	relaces	_M.D.	L EXAMINER			DATE	SIGNED
EXAMINER'S NAME (Type)	.C. DODSOI			DEPUTY MEDIC	DICAL EXAMINE			9-1	3-59
22a. BLURIAL, SREMAT C REMOVAL (Specify	9/16/5	71	Big Rock Chu			tion for Fore		(Sto	
23 FUNERAL DIRECTOR	e's SIGNATURE	Havre	ADDRESS Md		REC'D BY REGIST		TRAR'S SIGNA	4	

123TO

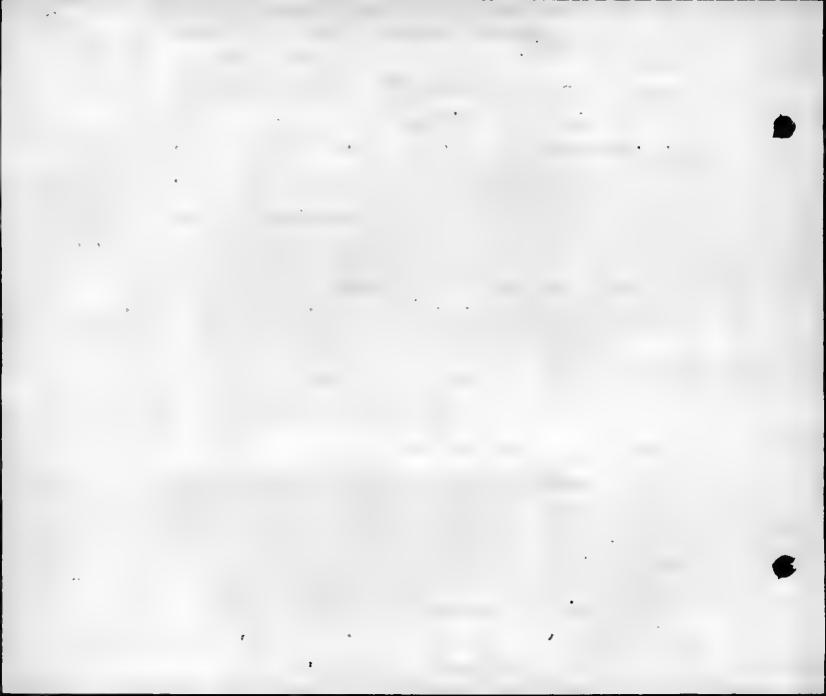
6 .

VS. A15ME(5) 5M 9/55 H

		10163	DICA	L EXAMI	NEK'S	CERTIFIC	LAILO	PULAIH	Reg. Dit	t. No.	i 2	,93
1.	PLACE OF DEATH o. COUNTY	Cecil		M	ARYLAND		NCE (Where dec	osed lived. If institution b. COUN		cil	odmis	sion)
I -	ocust Po			e. LENGTH OF ST.	AY IN 1b		WN (If outside o	orporate limits, writ	-	give neor	est fow	rn}
	R. D. #	TAL OR INSTITUTION	of not in hos		źress)	R. D. #		eust Pt.			ON A	SIDENCE A FARM? NO
3.	NAME OF DECEASED [Type or print)	Tulett	rst	Middle Edward		Palmer	4. DATE OF DEATI	Mon Sept.		<b>Doy</b> 29	Ya 15	9 59
	Male Male	6. COLOR OR RACE	WIDOWED		ED []	Dec. 22	1897	9. AGE (In years lost burthday)  O yrs.	Months [		UNDE	Min.
	llechani	ON (Give kind of work ng life, even if retired) C		in <b>d of Business o</b> ainbridg			(State or foreign	n country)	12, CIT12	U. S		
	Samuel F				****		<b>be</b> n name rah Kin	ıcaid				
15 (Ya	. WAS DECEASED EN	/ER IN U. S. ARMED FO 11th year, give wor or dates of	servicel	16-05-39	,	ames F.	Murphy	Addres Locus		RD	/ <del>/</del> 2	
CERTIFICATION	Conditions, if can gove rise to imme to), storing the couse fost.  PART 11, OT	diote couse		NTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE	TERMINALDISEA	ase condition gi	VEN IN PART	1(o) 19. YES	ERFOR	NO M
MEDICAL CERTIFI	20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m.	NTRIBUTING		NJURY OCCURRED	20e. PLAC	E OF INJURY (Homery, street, office bldg	, form,   20f. (C		(Cour	ity)		(Stole)
	21. I certify t	hat I took charge	of the r	emains describ		ide [], Ham	icide, {	_	'		ATE SI	
220	EXAMINER'S NAME (Type)	ON 122b. DATE THEREC	lson	22c. NAME OF CEM	ETERY OR	DEPUTY MED	MEDICAL EXAMINER  22d, LOC	~ ~	or county)		(Stote)	
L	BUTIEL  FUNERAL DIRECTOR	Oct.	3, 19	59 Beth	nel C	em. 24a.	nr.	Chesap		NATURE	, 1	Md.
1	T. OTH RE	meral Hon	1e/hos	41 M Des	EUnt	on, Ed by	TE OCT	8 '59 <	المد المستثناريل	/ MARKE		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4 1000



3 8		MEDIC	AL EXAMIN	ER'S CERTI	FICATE O	F DEATH	Reg. Dist. No.	146
图	1 PLACE OF DEATH	10169		2. USUAL RI	ESIDENCE (Where dec	eased lived. If Institut	tion: Residence befo	ere admission)
	" a. COUNTY Cecil		MAR	YLAND O. STATE	Md.	b. COUNTY		
, e <u>p</u>	b. CITY OR TOWN (If auts	ede corporate lemits, serite RURAL	c. LENGTH OF STAY			corporate fimils, write	Cecil RURAL and pive ne	grest town)
2 2	and give rearest lown)	***	0	V			•	
<b>4</b> 9	Rising S	OR INSTITUTION (if not in	hospital, give street addre	rs) / d. STREET	Lng Sun			e. IS RES DENCE
- E - S					Cherry and	Wollmist		YES NO
	3. NAME OF	First	Middle	lo lo			Day	Yeor
gista	(Type or print)	Theresi	A M	Palmer	OF DEA1		3	19 59
25 20 0	5. SEX 6.	COLC TOR RACE 7. MA			Н	9. AGE (In years	IFUNDER TYEAR	
5 5 <del>4</del>	F	WIDO	WED - DIVORCED	D 12-17-19	57	lost brithdoyt yrs.	Magins Days	Hours Min.
\$ Q m	10a. USUAL OCCUPATION during most of working li	Give kind of work dane 10	. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHA	LACE (Stole or foreig	n çountry)	12. CITIZEN OF	WHAT COUNTRY
E . B	Infant		_none	Wes	t Grove. 1	Par.	U.S	-A -
1 P	13. FATHER'S NAME			14. MOTHER'S	S MAIDEN NAME			
8 v 8	Carli E	iward Paline	r	Barb	age Anne	lones		
Pog Pog Pog Pog	15. WAS DECEASED EVER	N U. S. ARMED FORCES?	16. SOCIAL SECURITY NO			Address		
- E	_ no		no	Barbara	A. Palmer	Rising S	un. Md.	
ii.		Enter only one cause per li	ne for (a), (b), and (c).]				INTERV	AL BETWEEN
E 60	PART I. DEATH N	VAS CAUSED BY: MEDIATE CAUSE (d)	tre Abdomina	. Hermorrh	900			
Ten to the series	1	DUE TO						
면결론	Canditions, if any,	which) (b)	Lacorated 1	ver and me	ssentery o	of Jarge in	testine	
anci ong urial	gave rise to immediate (a), stating the und	conse						
6 - 5 6 - 5	covie lost.	(c)						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	O THE TERMINALDISE	ASE CONDITION GIVE	N IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
ding of the control o	3						YI	S Z. NAMES
e de	20g. EXTERNAL CAUSE FRIMARY OF CONTRI CAUSE OF DEATH.	WAS 206. DESC	RIBE HOW INJURY OCCU	RRED. (Enter nature of i	injury in Port 1 or Port	II of item 18 )		
P P	17.4		ned to death	by Edward	Paul McCr	or after		
* Example Texament	20c. TIME OF INJURY	Month, Day, Year 20	. INJURY OCCURRED	foctory, street, office	(Home, farm, 120f. (C	ily or town)	(County)	(Stole)
dico	Hour to m.	9 3 19 59 01	hile Nat while work at work	Home:		eine Sun	Cecil	Vd.
Page S	21. I certify that	I took charge of the	e remains describe	d above, held ar	Autopsy 📆	Inspection		and find the
100	death resulted fro	m: Natural causes	Accident [	, Suicide [], I	Homicide	Undetermined co		
, O <b>5</b>	1 (6)	101	2000		25-			
	ACTUAL SIGNATURE	unic	unor	M.D. CHIEF	MEDICAL EXAMINER			PAR DOM
8740				ASSIST	ANT MEDICAL EXAMI	NER 🔲		
FUNER FUNER	EXAMINER'S NAME (Type) R	Dodson		DEPUT	Y MEDICAL EXAMINE	<u>up</u>	Souling	9
or re	22a BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF	22c. NAME OF COMET	ERY OR CREMATORY	226. 10	CATION (City, town, or	r county)	(Stole)
F	Removali 23. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	-com	240. REC'D BY REG	ISTORE JOHN SECURI	TRAR'S SIGNATURE	
S. A15ME(5)	ROLL	Pola		med	A REC D OF REC	Z40. KEGISI	INAK 3 SIONATUK	
5M 9/55	NAME OF THE PROPERTY OF THE PR	Wind W	- Charles	1,//10	1 0 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		T. A. Triblan	
		-	11					

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Pag Diet No

L.		~ 0 1 0				Keg. Dist. 140.
	a. COUNTY	L COUNTY	MARYLAND	o STATE	L COUNTY	Harford
	RURAL and give near		c. LENGTH OF STAY IN 15	c CITY OR TOWN (If a	outside carporate limits, write	RURAL and give nearest fawn)
	Perryville	* *	17 Days	Belai:	r	
)	OR INSTITUTION  VA. HOR	. (If not in hospital, give street	address]	d STREET ADDRESS	Reed street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Winfield.	Middle <b>S</b>	PARKS	4. DATE Mo OF DEATH Septemb	,
	5. SEX Male	White Widow	RIED NEVER MARRIED DIVORCED	9/2/92	9. AGE (in years last birthday) 67 yrs	Months Days Hours Min
	10a USUAL OCCUPATION during most of working	(Give kind of work done 10b	KIND OF BUSINESS OR INC	OUSTRY 13 BIRTHPLACE (Stote	ar foreign country)	12. CITIZEN OF WHAT COUNTRY
	Bar Tender	8 me, even in remed)	Saloon	Baltimor	e. Maryland	USA
	13. FATHER'S NAME	-		14. MOTHER'S MAIDEN I		
	Alfred Par	ric <b>s</b>		Elizabet	h Robinson	
Ī	15 WAS DECEASED EVER		SOCIAL SECURITY NO	INFORMANT	Ade	dress
	(If	yes, give wor or dates of service)	Unknown	VA Hospital	records. Perr	y Point, Md.
		Enter anly one cause per l				INTERVAL BETWEEN ONSET AND DEATH
1	PART I, DEATH	MAS CAUSED BY. MMEDIATE CAUSE (a)	emphysema . C	hronic, Pulmor	ary.	Unknown
1	1.7	DUE TO				
	Conditions, if any	101				
ı	gave rise to imr cause (a), stating the					
1	lying cause last.	(c)				
	PART II OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	inal disease condit on Gi	IVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING L	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury n	Part I ar Part II of item 18 )	-
ı	20c TIME OF INJURY			PLACE OF INJURY (Home form factory, street, office bldg., etc.		(County) (State
ı	Haur a.m	19 While	Nat while	raciory, sireer, ornice orag., ere	"/	
1	21 L certify that	VA ottended the decea	sed from All Øllet.	21. 19.59 to St	entember 71959	) of holical classic and action and actions a
1		*	_			nd an the date stated above
П		7 7 1 1	A and their dea	III decorred digagese	ADDRESS (Street, city or lown	
1	ACTUAL SIGNATURE	12 Pinigh	1. ji	M.D VA Hosp	ital, Perry Po	int, Md. 9-7-59
	PHYSICIAN'S B	ROTHFELD,	M.D. Staff H	hysician.		
	220 BURIAL, CREMAT ON,	1	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, fawn,	, ar caunty) (State)
	Burial	<b>10-</b> 10-59	Belair Memor	rial Cambana	Belair, Md.	
:	23: FUNERAL DIRECTOR'S	SIGNATURE ART 72	ADDRESS	24a. REC	D BY REGISTRAR 245 REG	GISTRAR'S SIGNATURE
	E. B. KURTZ	CUNERAL HOME	Jarrettsvill	LLe.Md. DATESE	P 1 0 '59 C.	Thun & though

funeral director, fould be filled with death. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 heur

may be retoin y the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 the registrar prior to burial, crematian, or remaval, and in any event within 72 haves after death.

TO HOSPITAL 9 VS A15 (4) 15M 9/58



			10171	CEKTIFICA	ATE OF DE	AIH		Reg. DI	st. No.		
		PLACE OF DEATH D. COUNTY Cecil		MARYLAND	o. STATE	KE (Where decease	d lived. If institution b. COUNTY	nı Residen		e odmiss	ilon)
/	ı	b. CITY OR TOWN (If or RURAL and give near	utside corporate limits, write est town}	c. LENGTH OF STAY IN 16			prate limits, write R			rest town	1)
			North East	1 27 yrs			orth East				
		OR INSTITUTION	(If not in hospital, give street	oddress)	d. STREET ADD	RESS					FARM?
	3	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon	th	Da	y '	Year
		(Type or print)	Reino	Jacob	Passi	DÉATH	9		16	5	19 59
	5. 5	SEX 6	COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			
		Male	White WIDOW	ED DIYORCED	10 14	1905	53 ya.	Months	Days	Hours	Min.
	10a	. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE		country)	12. CI1	IZEN O	F WHAT	COUNTRY
	C	during most of working	ultry Farmer		Talks	oming				USA	
		FATHER'S NAME	ALL LATER CI		14, MOTHER'S MA			l		USAL	
\		T- m a la	Dece:								
1	15.	Jacob WAS DECEASED EVER II		SOCIAL SECURITY NO. 17	NFORMANT SE	inna Syynd	Omaa. Addr	011			
J			res, gave wor or dates of service)	214-18-2695			Page				
	-	no			Mrs Reir	o Passi l	North Bas	t, Ma	ryla		
			Enter only one cause per li	ne for (o). (b), and (c).]	7 / .				ONS	RVAL BE ET, AND	DEATH
		PARI I. DEATH	WAS CAUSED BY-	Coronary /	hersen horrs	5				a lil	11.
		420.1	DUE TO	11.61	7/ ,	Λ.				S-tag	
		Conditions, if any.		Hyteric Belie.	· c Hout	Disease	-			3/1	7
		gave rise to imm cause (o), stating the lying cause lost.		Hypertanie Carl	ovanular	read a	lisence		1	4 yr.	٤.
	N	PART II OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1		
)	AT					•				YES [	NO T
	CERTIFICATION	20g. ACCIDENT WAS I	UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of in	jury in Port I or Par	rt II of item 18 )				
	CER	OR CONTRIBUTING [	CAUSE OF DEATH		-						
	Y.	20c. TIME OF INJURY	Month, Doy, Year 20d I	NJURY OCCURRED 20e PL	ACE OF INJURY (Hor	ne, form, 20f (Cit	y or town)	10	Cauntyl		(State)
	MEDICAL	Hour a.m.	While	Not while fo	ctory, street, office bl	dg., etc )					
	2	p. m.	17 of war	6	1.13	#/ 5		,			
		21. I certify that	Lattended the deceas		19.5.7.		Jil, 1957				
		alive an	Z=2:4-E, 12	5,2, and that death	occurred at 2				he dal	e state	ed abave
			11/1/11	!	4/	ADDRESS (S	itraet, city as tawn,	slote)	1	DI	ATE SIGNES
		ACTUAL SIGNATURE	Ulilean 17. 160	eller	MD	16 E.4.1	149		16	20/11	1.57
/		PHYSICIAN'S NAME (Type)	Klaus H	Husham 1	3.1)					/	/
	220	BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCA	TION (City, town, o	or county)		' -{Stol	e)
		REMOVAL (Specify)	0 10 1045	North past	Wethodic+			Ceci	1 00		1.3
	23.	FUNERAL DIRECTOR'S	SIGNATULE 7 1959	ADDRESS		a. REC'D BY REGIS				(E	
		Joseph R.	Grant North	East, Maryland	D	ATESEP 2 1 '5	9 Out	Lun &	there	A.	
	_					A TALL AND A					

may be retained by the haspital or attending physician.

TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely filled in the first director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 bours ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

ofter death. Page 4

M

TO HOSPITAL OR VS A15 (4) 15M 9/55



death. Page

executed within



h

220. BURIAL, CREMATION, 226. DATE THEREOF

9-15-59

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

10150

(Stote)

Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10151 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b. COUNTY** Cecill MARYLAND b. CITY OR TOWN [If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Elkton d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS n. IS RESIDENCE OR INSTITUTION ON A FARM? E. High Street YES TO NO TO NAME OF 4. DATE OF Middle Day Year DECEASED MAE (Type or print) BERTHA REALEY Sept. DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthday) Months Female White WIDOWED 17 DIVORCED T June 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? Housewife at home Cecil Co., Md. 13. FATHER'S NAME No Information No Information 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Win. W. Singleton 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 3 days PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneumonia DUE TO Arteriosclerotic cardiovascular disease unknoum Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NOT 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. Feb. 8 19<sup>59</sup> that I last saw the deceased 21. I certify that I offended the deceased from ... Sept. and that death occurred at 5:40p M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 233 E. Main Street PHYSICIAN'S Flicton, Marylan d Ralph Andrews, Jr., NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Manor Memorial

22d. LOCATION [City, town, or county]

24b. REGISTRAR'S SIGNATURE

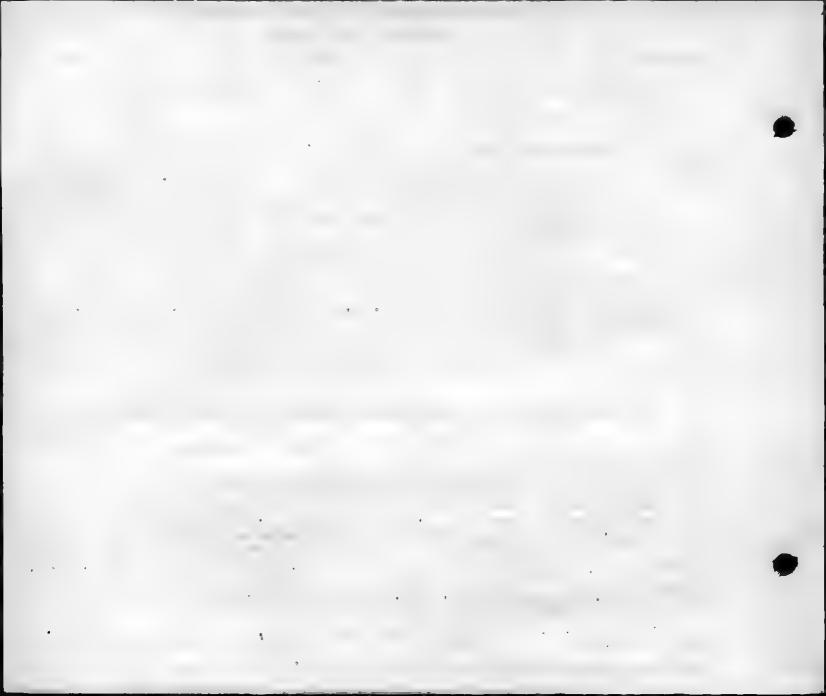
arthur & thous

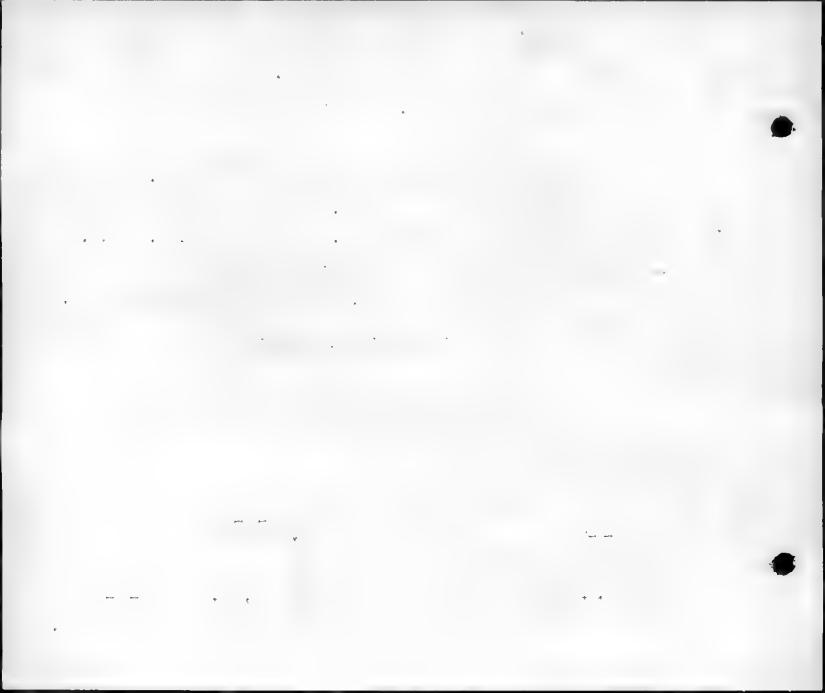
24a, REC'D BY REGISTRAR

SEP 1 5 '59

ploods FUNER/ page 9

VS A15 (4) 15M 9/55





1			1014	3	CERTIFIC	ATE OF DEATI			Reg. Dist.	No. 96
数	1. F	LACE OF DEATH	Cecil		MARYLAND	2 USUAL RESIDENCE (W a. STATE		ived. If institution by COUNTY		before admission)
YUX	t	CITY OR TOWN (II RURAL and give ne		imits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If	autside carpora	le limits, write R	URAL and give	nearest tawn)
		Perry	v Point		10 days	X Elkto	n			
'n	(	OR INSTITUTION	'AL (If not in hospital	, give street o	address)	d. STREET ADDRESS				e. IS RESIDEN ON A FAR
	-				n Hospital	R.D. 4, Bo				YES NO
	(	NAME OF DECEASED Type or print)	L	First		NCHEZ-MARIN	4. DATE OF DEATH	Septe	mber	15 19 Year
	S. S	EX	6. COLOR OR RAC		IED 📆 NEVER MARRIED 📋	B. DATE OF BIRTH	9.	AGE (In years last birthday)	Manths Do	EAR IF UNDER 24
		Male	White	WIDOWE		10-11-14		44 yrs.		,
$\mathbf{I}$		Labore	ing life, even if retir	rk dane 19b. i ed)	unknown	Puerto Ri	ico	ntry)		S.A.
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
			Leocadie			Felicita	Marin			
	15. ' (Yes	WAS DECEASED EVER		ORCES? 16 9	SOCIAL SECURITY NO.	INFORMANT		Add	ress	
	_	Yes	II WW	17	75-28-2775 H	ospital Recor	da, VA	L. Perr	y Poin	t, Md.
		10								
					e for (a), (b), and (c).]				1	INTERVAL BETWE
			ATH [Enter gnty gne TH WAS CAUSED BY IMMEDIATE CAUSE		e for (a), (b), and (c).]	due to anexi	a		Į.	INTERVAL BETWEE
			TH WAS CAUSED BY	(a) <b>En</b> (	e for (a), (b), and (c).]	due to anexi	ia			ONSET AND DEA
		PART I. DEA'	TH WAS CAUSED BY IMMEDIATE CAUSE DUE DUE	(a) <b>En</b> (	e for (a), (b), and (c).]	due to anexi	ia			ONSET AND DEA
		PART I. DEA'  Canditians, if or gave rise to in cause (o), stating I	TH WAS CAUSED BY IMMEDIATE CAUSE DUE ny, which ) mmediate	(a) En (	e for (a), (b), and (c).]	due to anexi	ia			12 hrs.
	7	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE  DUE  ny, which mediate the under-	(a) <b>Exa</b> (b) <b>Ca</b> (c)	e for (a), (b), and (c).]  sephalopathy  rdiac Arrest					12 hrs.
ν,	VITON	Canditions, if or gave rise to in cause (o), stating I lying couse last.  Part II OTH	TH WAS CAUSED BY IMMEDIATE CAUSE  DUE  ny, which mmediate the under.  DUE	(a) Encorporation (b) Cast (c) ONDITIONS Co	e for (a), (b), and (c).]  Sephalopathy  rdiac Arrest  ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	INAL D SEASE (		/EN IN PART I	12 hrs.  12 hrs.
× 2	¥.	Canditions, if or gave rise to in cause (o), stating I lying cause last.  Part II OTH	TH WAS CAUSED BY IMMEDIATE CAUSE  DUE  ny, which mediate the under.  DUE  DUE  TER SIGNIFICANT CO	(a) Encorrection (b) Can (b) Can (c) Conditions Conditi	e for (a), (b), and (c).]  Sephalopathy  rdiac Arrest  ONTRIBUTING TO DEATH BUTTER TO BE TO THE STATE OF THE	UT NOT RELATED TO THE TERM	INAL D SEASE (	artery.	/EN IN PART I	12 hrs.
* }	¥.	Canditions, if or gave rise to in cause (o), stating I lying cause last.  Part II OTH	TH WAS CAUSED BY IMMEDIATE CAUSE  DUE  ny, which mediate the under.  DUE  DUE  TER SIGNIFICANT CO	(a) Encorrection (b) Can (b) Can (c) Conditions Conditi	e for (a), (b), and (c).]  Sephalopathy  rdiac Arrest  ONTRIBUTING TO DEATH BUTTER TO BE TO THE STATE OF THE	UT NOT RELATED TO THE TERM	INAL D SEASE (	artery,	/EN IN PART I(I	12 hrs.  12 hrs.
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2	L CERTIFICAT	Canditions, if or gave rise to in cause (o), stating I lying cause last.  PART II OTH  Shock  20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY.  Hour a. m.  LOAM p. m.	TH WAS CAUSED BY IMMEDIATE CAUSE  DUE to the under the u	(a) End (b) Can (b) Can (c) Conditions Co (c) Conditions Co (d) Pool Conditions Conditions	ce for (a), (b), and (c).  cephalopathy  rdiac Arrest  ONTRIBUTING TO DEATH BU  ration due t  RIBE HOW INJURY OCCURE  ation of nucleus of nucle	o injury of large of injury in cleus pulposi place of injury in cleus pulposi place of injury in factory street, office bldg etc. I ospital	INAL D SEASE ( UBbar Part   ar Part   B L 4 D,   20f. (City a	artery, af item 18.) -L 5 ( r tawn) y Point	(Cauch Part III)	12 hrs.  12 hrs.  13 hrs.  14 hrs.  15 hrs.  16 hrs.  17 WAS AUTO PERFORMET PES 17 NO.
72	MEDICAL CERTIFICATI	Canditions, if or gave rise to in cause (o), stating I lying couse last.  PART II OTH  Shook  20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY.  10AM p.m.  21. I certify the	mediate DUE SIGNIFICANT CO FOLIEWIN MEDIATE CAUSE OF DEAT MEDICAL EXAMINER Y Manth, Day, 9/14/59 Is The company of the content	(a) Date (b) Cast (b) Cast (c) Conditions Co	cephalopathy  rdiac Arrest  ONTRIBUTING TO DEATH BU  ration due t  RIBE HOW INJURY OCCURRED  UURY OCCURRED  ONTRIBUTING TO DEATH BU  RIBE HOW INJURY OCCURRED  UURY OCCURRED  On India while accurate while accurate work  at from Septemb	o injury of large pulposi PLACE OF INJURY (Hame for foctory street, office bldg., etc.)  OR 1959, to St.	INAL D SEASE (Lubber Part   or Part   8 L 4 Perr	artery, af item 18.)  -I. 5 ( r tawn) y Point , 19 59	(Court Coc	12 hrs.  12 hrs.  13 hrs.  14 hrs.  15 hrs.  16 hrs.  17 hrs.  18 hrs.  19 WAS AUTO PERFORMET
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<b>%</b>	MEDICAL CERTIFICATI	Canditions, if or gave rise to in cause (o), stating I lying couse last.  PART II OTH  Shook  20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY.  10AM p.m.  21. I certify the	mediate DUE SIGNIFICANT CO FOLIENT MEDICAL EXAMINER Y Manth, Day, 9/14/59 Is Compared to the content of the con	(a) Date (b) Cast (b) Cast (c) Conditions Co	cephalopathy  rdiac Arrest  ONTRIBUTING TO DEATH BU  ration due t  RIBE HOW INJURY OCCURRED  UURY OCCURRED  ONTRIBUTING TO DEATH BU  RIBE HOW INJURY OCCURRED  UURY OCCURRED  On India while accurate while accurate work  at from Septemb	o injury of large pulposi PLACE OF INJURY (Hame for foctory street, office bldg., etc.)  OR 1959, to St.	Part or Part of B L 4. Apple 15 M, fram the Address (Sires	artery, af item 18.)  L 5 ( r tawn) y Point  , 19 59 ne causes an el, city ar tawn,	(Cauche dan the distate)	12 hrs.  12 hrs.  13 hrs.  14 hrs.  15 hrs.  16 hrs.  17 WAS AUTO PERFORMET
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2	MEDICAL CERTIFICAT	PART I. DEA'  Canditians, if ar gave rise to in cause (o), stating il lying cause last.  PART II OTH  Shook  20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY.  20c TIME OF INJURY HOUV a. m.  21. I certify the SIGNATURE  PHYSICIAN'S NAME (Type)  BJRIAL CREMAT OF	TH WAS CAUSED BY IMMEDIATE CAUSE  DUE  ny, which mediate the under.  DUE  THE SIGNIFICANT CO  FOLIOWIN  SUNDERLY NG PA  CAUSE OF DEAT  MEDICAL EXAMINER  Manth, Day,  9/14/59  15  CATE thended the cause of the caus	(a) End (b) Can (b) Can (c) Conditions Condi	ce for (a), (b), and (c).]  cephalopathy  rdiac Arrest  ONTRIBUTING TO DEATH BU  ration due t.  RIBE HOW INJURY OCCURED  Not white t.  at work  and that deal  22c. NAME OF CEMETERY	o injury of large pulposi PLACE OF INJURY (Hame for forctory street, office bldg., etc. to spital)  OR 5 1959, ta 50  th accurred at 4:00  M.D. V.A.Hosp:  Staff I  OR CREMATORY	Perri or Perri B L 4 Perri Perri Dt. 15 Perr	artery, af item 18.)  -I, 5 ( r tawn) y Point  , 19 59 te causes an et, city ar tawn, erry Po	(County) (County)	12 hrs.  12 hrs.  12 hrs.  13 hrs.  14 hrs.  15 hrs.  16 hrs.  17 was a JTC  PERFORMET  YES 16 NO  11 hrs.  12 hrs.  (State)
	MEDICAL CERTIFICAT	PART I. DEA'  Conditions, if or gove rise to in cause (o), stating I lying couse last.  PART II OTH  Shock  20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY).  20c TIME OF INJURY Hour a, m.  10AM p m.  21. I certify the SIGNATURE  PHYSICIAN'S NAME (Type)  BURIAL, CREMAT OI, REMOYAL (Specify)  BURIAL, CREMAT OI, REMOYAL (Specify)	TH WAS CAUSED BY IMMEDIATE CAUSE  DUE TO THE MEDIATE CAUSE OF DEAT MEDICAL EXAMINER  Y Manth, Day, 9/14/59  Y Manth, Day, 9/14/59  THE SIGNIFICANT CO.  AND A CAUSE OF DEAT MEDICAL EXAMINER  Y Manth, Day, 9/14/59  THE SIGNIFICANT CO.  A CAUSE OF DEAT MEDICAL EXAMINER  Y Manth, Day, 9/14/59  THE CAUSE OF DEAT MEDICAL EXAMINER  Y Manth, Day, 9/14/59  THE CAUSE OF DEAT MEDICAL EXAMINER  Y MARTH DAY, 9/14/59  THE CAUSE OF DEAT MEDICAL EXAMINER  Y MARTH DAY, 9/14/59  THE CAUSE OF DEAT MEDICAL EXAMINER  Y MARTH DAY, 9/14/59  THE CAUSE OF DEAT MEDICAL EXAMINER  THE CAUSE	(a) End (b) Can (b) Can (c) Conditions Condi	ce for (a), (b), and (c).]  cephalopathy  rdiac Arrest  ONTRIBUTING TO DEATH BU  ration due t.  RIBE HOW INJURY OCCURED  All Work of work of work of work of work of work of the work of t	o injury of 1  RED. (Enter nature of 'njury in cleus pulposi PLACE OF INJURY (Hame fare factory street, office bldg etc Hospital  RT 5 1959, ta Staff I OR CREMATORY  M.D. V.A.Hospi  Staff I OR CREMATORY  Hill	Part I or Part I B L 4 D. 20f. (City or Part I Dt. 15 M, from the ADDRESS (Sire Ital. P	artery, af item 18.)  L 5 ( r tawn) y Point  , 19 59 ne causes an el, city ar tawn, erry Po  an  NN (City, tawn, of ed Graf	(Country) ace, Md	12 hrs.  12 hrs.  13 hrs.  14 hrs.  15 hrs.  16 hrs.  17 WAS AUTO PERFORMET
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1017 AEDICAL EXAMINER'S CERTIFICATE OF DEATH

10153

Reg. Dist. No. 96

1. PLACE OF DEATH O. COUNTY CCC11  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution) R o. STATE Maryland b. COUNTY	
	ecil
b. CITY OR TOWN (If outside corporate limits, write RURAL and give recreat form)	and give nearest town)
Perry Point 3hrl5min X Northwast	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Ad. STREET ADDRESS	o, is residence On a farm?
Veterans Administration Hospital	YES NO
3. NAME OF First Middle Last 4. DATE Month OF	Day Year
(Type or print) HARVEY B. SAPP DEATH Sept.	27. 1959
	DER TYEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED May 29,1920 39 yr. Mont	hs Days Haurs Min.
	CITIZEN OF WHAT COUNTRY
Labor Foreman Federal Covt. Northeast. Md.	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Phillip Sapp Ethel Murphy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Yes (WW11 Hospital Records, VAH, Perry B	Point. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), ]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Completed to the complete of	ONSET AND DEATH
	4 hrs
DUE TO	The last section
Conditions, if any, which gave rise to immediate cause	Unknown
(a), stating the underlying DUE TO	
couse last. (c)	***************************************
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
	YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN  20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING CAUSE OF DEATH.  20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Net while of work of w	(County) (State)
Hour e. m. While Net while foctory, street, affice bldg., etc.)	
	quiry 🔣, and find that
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause	<b>.</b>
ACTUAL ASSISTANCE OF THE MEDICAL EVANISHED TO	
SIGNATURE   M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
- ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) R. C. DODSON M. D.  DEPUTY MEDICAL EXAMINER	
220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or cour	9-27-59
REMOVAL (Specify) 2 30 /959 Immaculate Conception Cem. Elkton, (Rural)	
Aluxia 1/2 / 1/0 / Filmacourate Conception Cent.   Electri, (Ratal) [	
28- FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 246. REGISTRAR 2	(Stote)  ECIL Maryland.

VS. A15ME(S) 5M 9/55

J



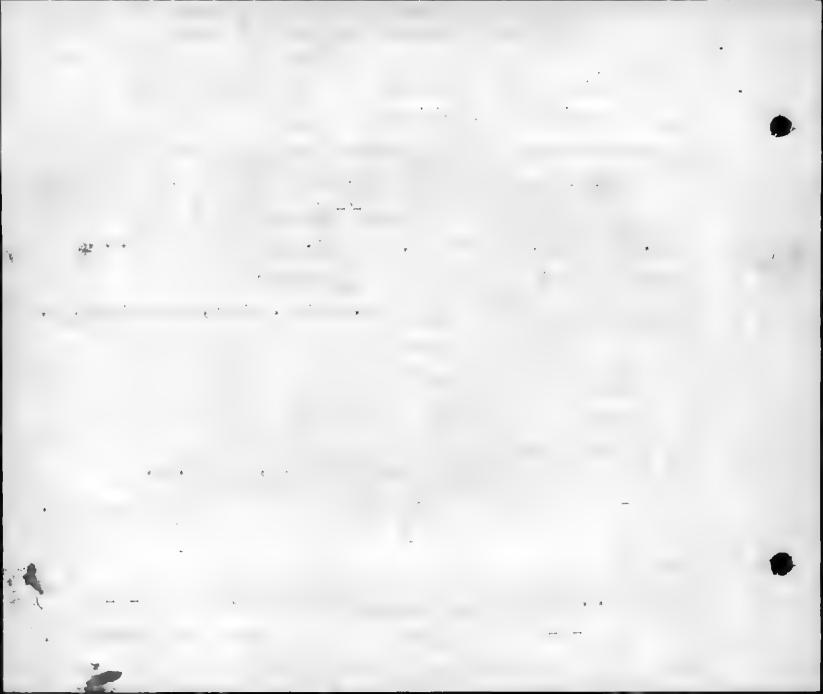
5M 9/55

10154

Reg. Dist. No.

			1111-1111-1111-1111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-11-1	T C	THEO Y T A COLI	7.00		
b. CITY OR TOWN	(If outside corporate limits, writen)	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside cor	porate limits, write	RURAL and give	nearest town)
	Deposit		visiting		Middl	etown	. 1	
d. NAME OF HOSPI	ITAL OR INSTITUTION (	If not in he	spital, give street oddress)	d. STREET ADD	RESS			e. IS RES DENCI
					225			YES NO
3. NAME OF DECEASED	Fir	at te	Middle	Lost	4. DATE	Mont	h Do	y Year
(Type or print)	de l'ari m		Harry	Seiders	OF DEATH	0	13	19 50
5. SEX	6. COLOR OR RACE	7. MARRI		8. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEA	
ж	W	WIDOWE	D DIVORCED	4-2-1924		foat birthdoy)	Months Days	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreign o		12. CITIZEN	OF WHAT COUNTR
	ing life, even if relired)		Steel Ind.	Pac.			USA	١.
13. FATHER'S NAME	CORP. CITE		STREET TIKE	14. MOTHER'S MAI	IDEN NAME		0 80 8	h
Panna mia	k Seiders							
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	Vernak Informant	ealer	Address		
(Yes, no, or unknown)	(If yes, give war or dates of	service)						
10 CAUSE OF DE	ATH [Enter only one can	un per line		rs. Nelvin	H. Selde	rs, 225	Middleto	TERVAL BETWEEN
	ATH WAS CAUSED BY:	nad hea susa	ion for for and fer ]				Oh	ISET AND DEATH
The garage	IMMEDIATE CAUSE (o		Drowned					
, 'N	DUE TO							
Conditions, if gove rise to imme								
(a), stating the								
cause last.		)	<del> </del>					
PART II. OT	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GI	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3								YES NO
PART II. OT	USE WAS	b. DESCRIB	E HOW INJURY OCCURRED. (	Enter nature of injury	in Part I ar Part II	af item 18.)		
	•	Boat	Upset in Sus	uehahha. R	iver. Cec	il Co. h	d.	
20c. TIME OF INJU	JRY Month, Day, Yes	r 20d.	INJURY OCCURRED 200. PLA	CE OF INJURY (Home	e, form, 20f. (City	or town)	(County)	(State)
Q 0. m.		O of we	1401 (41114	tary, street, affice blds	1			1/4
21, I certify t	hot I took charge	of the	remoins described abo	ve, held on Au		Port Depo		, and find the
	from: Notural	_		_		ndetermined		e, ond main
	7 . 11					inderer illimed	.oose [_].	
ACTUAL	1/8/10	171	ELABOR	CHIES MEDI	CAL EXAMINER I			DATE SIGNED
SIGNATURE	VVVV C		-0100	M.D.	MEDICAL EXAMINE			
EXAMINER'S	2021					_		4
	R.C.Dodson				DICAL EXAMINER		9-12-	19
REMOVAL (Specify		77	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCAT	TION (City, town,	or county)	(State)
Burlal	9-15-59		Middletown		Midd	letown -	Dauphi	
23- TUNERAL DIRECTOI	C SIGNATURE	1 11	ADDRESS	240.	. REC'D BY REGIST	RAR 246. REGI	STRAR'S SIGNATI	JRE
1emor	6/1/1/04	ella	) isings	un Ma DA	MESEP 1 5 '5	9 0	Elwa & H.	
	( )				-	,		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



10176

Rea. Dist. No

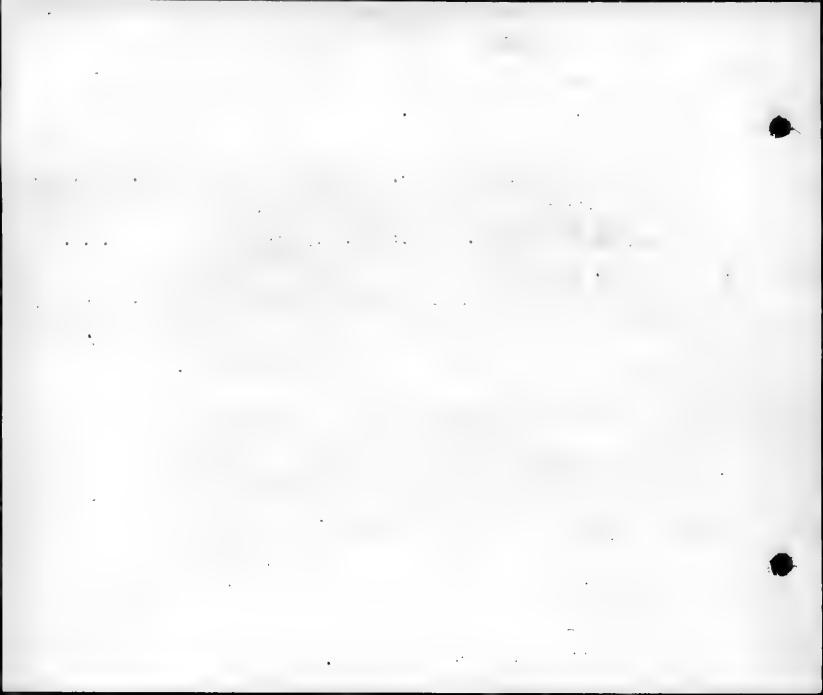
<u> </u>		2010	<u> </u>					
1	g. COUNTY	Cecil	MARYLAND	2 USUAL RESIDENCE (WHO STATE Marylar	ere deceased lived. If institution in the b. COUNTY			iissian)
	b. CITY OR TOWN RURAL and give r	(If autside carporate limits, write	c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If a	utside carparate limits, wri	le RURAL and giv	e nearest to	ıwrı)
	Perryvi.	lle, Rural	40 Yrs.	X Perryvi	lle, Rur	al		
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitot, give street	address)	d. STREET ADDRESS			ON	RESIDENCE I A FARM?
3,	NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day	Year
	(Type or print)	John	W.	Snelling	OF DEATH S	ept.	13.	19 59
5.	SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH	1 RQL 9. AGE (In ye	ors IF UNDER 1		IDER 24 HRS
	Male	White wipow	PED DIVORCED	October 16	The second secon	77   Mariths   D	Days Have	rs Min.
10	a. USUAL OCCUPAT	ION (Give kind of work dane 10b rking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11, BIRTHPLACE (State	ar foreign country)	12.CITIZE	EN OF WHA	T COUNTRY?
	Equipme	nt Operator Ve	t. Administ:	rat. Virgin	ia	U	S.A.	
13	FATHER S NAME			14. MOTHER'S MAIDEN N			0 0 0	
	Robert 1	L. Snelling		Margaret	Boutchyard			
15	, WAS DECEASED EV		SOCIAL SECURITY NO.	INFORMANT		Address		
[1	NO NO	(If yes, give wor or dates of service)	03-07-1877 E	dith Fredri	ck Snellin	g, Per	ryvi]	lle,Mc
		ATH [Enter only one cause per li	ine far (a), (b), and (c)-]	10 +	-/		ONSET AN	
	PART I. DE	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Carrie	, farture &	1/21		1-4	ran
	4	DUE TO	0/	1-	1-4			
	Canditions, if a		Charene	myor	endelles			
	cause (a), stating	the under- DUE TO						
_	lying cause last	, 101						
S S	PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART I	1(a) 19. WA PER	S AUTOPSY
SCA							YES	NO C
CERTIFICATION		AS UNDERLYING (1) G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in l	Port I ar Port II al item IB	,		
MEDICAL	20c. TIME OF INJU Haur a.m.	, ,	En En	LACE OF INJURY (Hame, farm actory, street, office bldg., etc.	20f. (City or town)	(Co	unty)	(State)
MED	p m.	19 While at wa	140) ************************************	ciory, situat, office brage, ere	12 myrelle	a.	ul	hal
	21. I certify t	hat I attended the decea	sed from Januar	1958 to S	15+ 1/3 19-	7, that I last	t saw the	deceased
	alive on S	Cept /3 19.	59 and that death	accurred at // 543	M, from the causes			
		0.1	7		ADDRESS (Street, city or to		D	ATE SIGNED
	ACTUAL SIGNATURE	·11. Frm	د ا	un thank	le Grane	hol	9-1-	4-59
		1 00				,	*	
	PHYSICIAN'S NAME (Type)	1/K . J . DIN	10 W MO.	HAURE	DEGRAC	E, K	D.	
22	BUR AL, CREMATI	ON, 22b. DATE THEREOF	22c NAME OF CEMETERY C		22d LOCATION (City, tax		(S	itate)
	Burial (Specifi	9-16-1959		emetery	Port Depo			al
23	FUNERAL DIRECTO	P'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. R	EGISTRAR'S SIGN	ATURE	
	Ter. anda	Herry de la	Perryvil 1	e Md DATE S	EP 1 6 '59	Cirthur &:	Thank	

TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours and death may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the registrar prior to burial, crematian, ar remaval, and in any event within 72 pours over death.

VS A15 (4) 15M 9/58

death, Page 4 funeral director,



VS A15 (4) 15M 9/5B

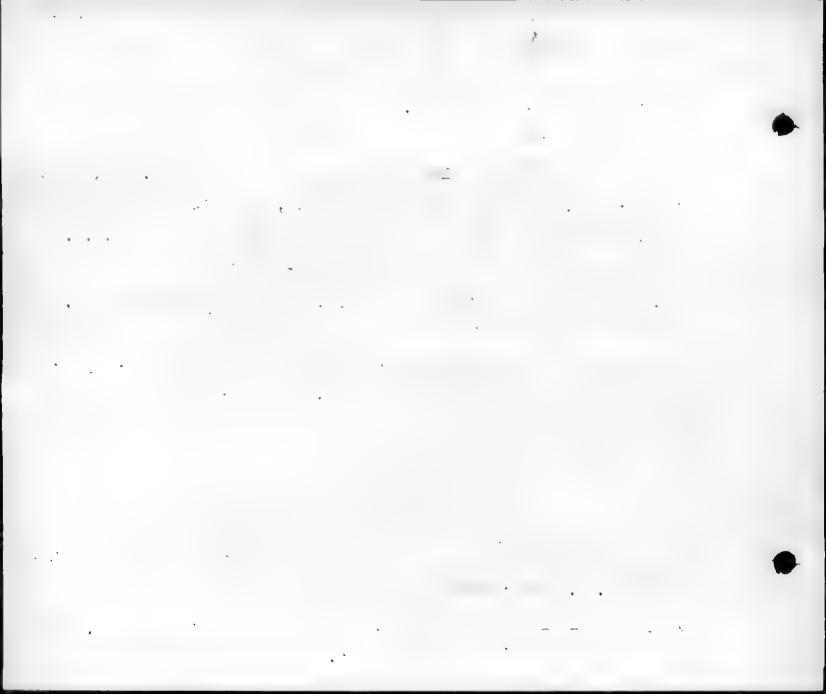
within

executed

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certificate

deoth



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1.0

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or

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
0178

10157

Reg. Dist. No.

1.	PLACE OF DEATH  D. COUNTY				15	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)							
	Cer	cil		MARYLA	ND a.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Ŀ	ond give necessi town]	suiside corporate limits, v	ente RURAL	c. LENGTH OF STAY IN	1b    c. :	CITY OR TOWN	N (If outside or	orporate limi	its, write R	URAL and g	give nec	rest town)	
		ham R.D.		8 mo.		Churchvill / 7 ×							
(	I. NAME OF HOSPITA	L OR INSTITUTION	(If not in ho	spital, give street address)	d.	d. STREET ADDRESS e. IS RESID						e. IS RESIDENCE	Ī
	Graybeal	Nursing H	ome									YES NO	
i	NAME OF DECEASED		Ficat	Middle		Lost	4. DATE		Month		Day	Year	
	(Type or print)		rthur	Linn	Tra	9 .	DEATH	1	9	4	22	19 59	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 10/19/79 9. AGE (in your lost birthday) Markle 1.												F UNDER 24 HRS	5.
WIDOWED DIVORCED 10-19-188 77 81 yrs. Months D										dys	Hours Min.		
10a	. USUAL OCCUPATION	N (Give kind of war	k done 10b.	KIND OF BUSINESS OR INC	USTRY 11.	BIRTHPLACE (S	tate or foreign	country)		12. CITIZI	EN OF	WHAT COUNTR'	Y?
	Yallower .	farmer	7	arru (Retire		Mar	4/aux	d		1	U.S.	A.	
13.	FATHER'S NAME					THER'S MAID	NAME						_
	W1111	am Arthur	Trago	1		Alice (	oale						
15. [Yiii	WAS DECEASED EVE	R IN U. S. ARMED I		SOCIAL SECURITY NO. 1	7. INFORMA	NT			Address				_
	no				Gray	beal Nu	rsing	Home.	Nott	inhha	m. F	B.L Pa	
	18. CAUSE OF DEATH	H (Enter only one o	ause per line	for (a), (b), and (c).]							INTERY	AL BETWEEN	_
		WAS CAUSED BY		ronary Occlus	noie						ONSE	AND DEATH	
	4-20.1	DUE T											_
	Canditions, if an	y, which	th)										
	gave rise to immedi	ote couse	0	*****									-
	[o], stating the us	TOWN TYPING	(c)										
z i	PART III. OTHE			ONTRIBUTING TO DEATH BE	JT NOT RELA	TED TO THE TE	ERMINAL DISEA	ASE CONDIT	ION GIVE	N IN PART 1	1(0) 19.	WAS AUTOPSY	
ATIC			*-									PERFORMED?	
ı.FIC	20g EXTERNAL CAUS	SE WAS	206. DESCRIB	SE HOW INJURY OCCURRED	). (Enter note	re of injury in	Port I or Port	It of item 18	l.)			- 110	-
CERT.FICATION	CAUSE OF DEATH.	TRIBUTING							,				
MEDICAL	20c. TIME OF INJURY	Month, Day, Y			PLACE OF IN	UURY (Hame, t, office bldg.,	form, 20f. (Ci	ity or town)		(Count	ly)	(State)	
MED	Hour o.m.	1	9 While at we	e Nat while ork at work	rociory, sirec	i, onto plag.,	arc.j						
	21. I certify the	at I took chore	ge of the	remoins described a	b <b>ove</b> , he	d an Auto	opsy ,	Inspectio	n 🗗,	Inquiry	be.	and find the	at
	death resulted	rom: Naturo	l causes 🗜	, Accident [],	Suicide [	], Homic	ide 🔲, l	Jndeterm	ined co	use 🔲.			
		101	10/0	Pl1181									
	SIGNATURE	La	00	uny	M.D. <sup>1</sup>	HIEF MEDICA	L EXAMINER				- 1	DATE SIGNED	
	EXAMINER'S					SSISTANT ME	DICAL EXAMIN	IER 🔲					
		C Dodson				EPUTY MEDIC	AL EXAMINER	P		9-22-	59		
220	EURIAL CREMATION			22c. NAME OF CEMETERY	OR CREMAT	ORY	22d. LOC	ATION (City	Jown, or	county)		(Stole)	Ē
-	ACIDOTAL	17/24/	17	Full Pte VII	e Peli	leyleria		Wille	colle	Ula	ry	au	-
23.	FUNERAL DIRECTOR'S	SIGNATURE O	a.P.	ADDRESS DOCERU. ZUA	rylae		REC'D BY REGIS	STRAR 24		RAR'S SIGN			
_	Jour 7.		nece	municipal de la companya de la compa	/	DATE	- 1 - T		Luch	ur & to	laud		



IS RESIDENCE

ON A FARM? YES NO

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NOV

(State)

(Stote)

Days

death FUNERAL DIRECTOR: page 3 should may 0 VS A15 [4] 15M 9/58

IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY (County) Zthat I last saw the deceased alling M, fram the causes and on the date stated above. PHYSICIAN'S registrar NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) he 23. FUNERAL DIRECTOR'S SIGNATUR ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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Pages

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24

PLACE OF DEATH p. COUNTY 1

Rea. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Cecil b. COUNTY Wicomice MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Perry Point, Md. 22/2-2 58 davs d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO 405 Emmond Street Veterans Administration Hospital 4. DATE Middle Month Year DECEASED DEATH

(Type ar print) Grover Cleveland Wilson September 25. 19 59 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours WIDOWED | DIVORCED [ 4-22-17 Male White 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Cloth Spreader

Shirt Factory

Crisfield, Md. 14. MOTHER'S MAIDEN NAME

U. S. A.

13. FATHER'S NAME

Addia Diza

William Wilson IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

158 09 6325 Hospital Records.

INFORMANT MYS.

VA Hospital, Perry Point, Md. INTERVAL BETWEEN

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHIAL FNEUMONIA - Bilateral , Unresblved 10-12 Days IMMEDIATE CAUSE (0) DUE TO BRONCHOGENIC CA. Rt Lung. w/ Metus to Milar nodes Conditions, if any, which gove rise to immediate & to brain. DUE TO couse (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

200. ACCIDENT WAS UNDERLYING TO

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.)

PERFORMED? YES NO

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) foctory, street, office bldg., etc.)

(Stote)

21. I certify that I attended the deceased from

at work

6-28

and that death occurred at 11.15 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATURE Dr EXREE J. B.

VA Mospital, Perry Point, Md.

9/26/59

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION.

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park 22d. LOCATION (City, lawn, or county) Salisbury, Maryland26-

(State)

FUNERAL DIRECTOR'S SIGNATURE

REMOVEL (Specify)

**ADDRESS** 

alterry, Maryland,

240. REC'D BY BEGISHING

DATE

VAH. Perry Point, Md.

24b. REGISTRAR'S SIGNATURE

physician ottending please permit. pup **burial-transit** physicion remaya has detach FUNERAL DIRECTOR: Pri registrar page 0

VS A15 (4) 1SM 9/58

Charletod 115 on (neo/fil Calleran resty county by the county will be Tiers I becomed 850 Lerboard antiversing laby and east And the property of the proper thic sint mic des Oloca appropriate the factory defected by a deposit of the colon 047 (075 1978 1 act all model with The transfer of the second designed at 20 Miles II Williams The Late design and the control of t stire of ed with the feetings of by the result of D.A. IVELUS II - Carrier Company of the Company of

the first terms of the second second